

REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
2007

PURSUANT TO SECTION 326-25.5, HAWAII REVISED STATUTES, REQUIRING THE
DEPARTMENT OF HEALTH TO SUBMIT AN ANNUAL REPORT TO THE
LEGISLATURE ON INITIATIVES AND IMPROVEMENTS IN KALAUPAPA
SETTLEMENT AND TO TRACK PATIENT AND NON-PATIENT COSTS SEPARATELY,
WHENEVER APPROPRIATE AND POSSIBLE.

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
OCTOBER 2006

EXECUTIVE SUMMARY

In accordance with Section 326-25.5, Hawaii Revised Statute (HRS), the Department of Health (DOH) is submitting a report to the 2007 Legislature on initiatives and improvements in Kalaupapa Settlement and patient and non-patient costs, whenever appropriate and possible. The initiatives and improvements are to address deficiencies identified by an audit (Auditor's Report No. 03-15, Audit of Kalaupapa Settlement Operations and Expenditures) conducted during the summer of 2003.

All of the audit recommendations (6) for the Department of Health identified in the Audit of Kalaupapa Settlement Operations and Expenditures have been addressed and corrected. Nine areas of concern were identified in House Bill No. 2814, H.D.2., S.D.1., C.D.1, 2004, in which the DOH was asked to report to the Legislature regarding our remediation and improvements in these areas. All nine areas have been addressed and corrected and are delineated in the DOH's previous report to the Twenty-Third Legislature, 2005 and updated in the 2006 report.

The DOH's report to the Twenty-Fourth Legislature, 2007, is an update to previously addressed issues. This year's report is again highlighted by a hearing held by the House Health Committee in Kalaupapa in which the patients were asked for their comments regarding the performance of the Kalaupapa Administrator (KA). Of the 15 patients present, three had comments about the administrator. Two of the three felt that the administrator was "doing good and (there was) nothing to complain about, and they also felt that he was doing what has been asked of him." The third patient complained about a number of concerns that were not directly related to the administrator.

During the year, the DOH has conducted a number of patient surveys to include the total community in the decision making process. This has been useful for the Patient Advisory Council in insuring all the patients' inputs were represented.

Improvements at the Kalaupapa Store combined with effective policy and procedures have substantially cut waste disposal. Only \$1,116 worth of store goods were disposed of due to spoilage, expired sell dates or insect infestation. Annual store purchases usually total \$90,000-\$100,000. This year's waste disposal total was a \$521 (32%) decrease over last year's disposal of \$1,637.

The formerly contentious issue of supplying patients with major household appliances is in its second year and operating smoothly. This year, eight appliances were replaced in six patients' homes.

REPORT TO THE LEGISLATURE

IN COMPLIANCE WITH SECTION 326-25.5, HRS

The Department of Health (DOH) is submitting this annual report to the legislature on initiatives and improvements in Kalaupapa Settlement, tracking patient and non-patient costs separately, whenever appropriate and possible. The initiatives and improvements address deficiencies identified by an audit (Auditor's Report No. 03-15, Audit of Kalaupapa Settlement Operations and Expenditures) conducted during the summer of 2003.

The annual report is broken down into nine topic areas consisting of:

1. The department's provision of medical and basic living needs of the patients;
2. The department's progress toward defining and addressing the non-medical needs of patients;
3. The department's progress toward promoting a positive living environment;
4. The department's management of state resources, including benefits given to employees that are not statutorily defined;
5. The department's progress toward establishing written policies and procedures for Kalaupapa store;
6. The department's progress toward establishing and maintaining a complaint file and adequately addressing complaints;
7. The performance of the administrator, including compliance with job duties;
8. The department's progress toward adequate accountability of state property; and
9. Details and justification of approved employee air travel requests and trail pay.

An additional section addresses what the department has done to track patient and non-patient costs separately.

The DOH welcomes the opportunity to report to the legislature on the progress it has made to address issues identified in the audit that are important to the patients of Kalaupapa. Many of the problems identified in the auditor's report from December 2004 were addressed and corrected. They are described in the 2005 and 2006 reports to the legislature. The 2007 report details the department's continuing efforts to improve patient relations and community operations.

I. The department's provision of medical and basic living needs of the patients

The DOH is responsible for providing all medical care for the 33 remaining former Hansen's disease patients on the Kalaupapa registry. This includes not only medical conditions related to their cured Hansen's disease, but also any other medical conditions that affect this elderly geriatric population. The average patient age is 76 years with a range from 65 to 86 years old. All of the patients have handicapping disabilities related to their Hansen's disease and many continue to encounter long-term foot ulcers related to nerve damage and the resulting loss of sensation. Chronic diseases such as diabetes, chronic heart failure and various cancers commonly afflict this population.

The DOH's goal has been to keep the patients as independent as possible at whatever level of capacity they may be at. To achieve this, the Hansen's Disease Branch developed a number of different programs and levels of patient care. The program runs a meals-on-wheels program for patients who are no longer able to cook for themselves to keep patients in their homes as long as possible. A home chore worker program is also available to provide house cleaning services, home chore services, as well as providing some light cooking. Most of the patients also receive lawn services provided by the DOH. For the patients who are home bound or mobility impaired, the Kalaupapa Care Home provides services through a home outreach nurse who regularly assesses their health.

For patients who are no longer able to live independently in their homes, the next level of care is provided at the Kalaupapa Care Home. The care home, which was previously licensed as a type II adult residential care home (ARCH II) was recently upgraded to a nursing facility capable of accommodating patients at the skilled nursing level, intermediate care level, and care home level. The upgrade in the level of licensure for Kalaupapa is part of a comprehensive plan that will rewrite the state's administrative rules governing licensure to add a new title called Hansen's Disease Specialty Hospital and Nursing Facility, recognizing the unique spectrum of care DOH is mandated to provide for this patient population.

Medical services in the Kalaupapa Nursing facility are provided by staff nurses (RNs), licensed practical nurses (LPNs), paramedical assistants (PMAs) and home chore workers. A long-term purchase of service (POS) contract with the University of Hawaii, John A. Burns School of Medicine provides physician services to Kalaupapa twice a week for outpatient visits and medical consultation. Although the contract is costly, it was the only option available when the DOH physician retired. Since the physician's retirement, the program continues to be unsuccessful in recruiting a physician for this position.

Patients requiring the next level of care are moved to the 14-bed Hale Mohalu Hospital at Leahi Hospital in Honolulu. Hale Mohalu Hospital is licensed as a broad service hospital and frequently accommodates patients at the end stages of life, those recovering from complex medical procedures performed at community hospitals, or those receiving ongoing medical treatment in Honolulu hospitals. As described above, the administrative rules will be re-written to develop a new Hansen's disease specialty hospital title that will facilitate the unique mandate of patient care. There are currently six long-term Kalaupapa registry patients residing at Hale Mohalu Hospital.

Many specialty medical services are provided only in Honolulu. The DOH provides all airfare, food and lodging to those Kalaupapa patients on outpatient visits for such services. Patients with acute medical conditions often require air evacuation by Air Ambulance due to the isolation of the settlement and the long periods between commercial scheduled flights. The DOH pays for this cost, and as with all medical services, is the payer of last resort.

The DOH's Dental Health Division provides dental care for the Kalaupapa patients, with a dentist making monthly visits to Kalaupapa. This past year, the Kalaupapa medical staff met with Dental Health Division staff to identify options to eliminate a backlog of Kalaupapa patients requiring preventive dental visits. The Dental Health Division agreed to increase frequency and lengthen the dentist's on site visits until this backlog is resolved.

In addition to medical services described above, Kalaupapa patients are also provided with ancillary services and devices such as hearing aids, glasses or contacts, prosthesis, orthotics, shoes, and wheel chairs. A number of patients' homes were remodeled to accommodate their limited mobility. Ramps into homes, widening of doorways, and grab bars were installed according to the Americans with Disabilities Act (ADA) standards. Nine medically fragile patients who choose to remain in their homes were issued a medical emergency alert signaler that is worn to alert care home staff when they get into any situation that requires assistance.

In the summer of 2003, a patient who was receiving dialysis services in Honolulu made a request to go home to Kalaupapa and receive dialysis there. A community coalition consisting of the DOH, Office of Hawaiian Affairs, St. Francis Hospital and Na Puu Wai was formed to facilitate and expedite the request. With contributions from all of the parties involved, home dialysis was initiated in Kalaupapa in April of 2004, allowing the patient to return home to Kalaupapa to receive his dialysis. In September of 2005, a second dialysis patient joined the first patient in Kalaupapa. A third dialysis patient was added in July 2006 after a Kalaupapa working staff person was identified as a dialysis care giver and successfully completed the six week training at St. Francis Hospital.

Patient-requested physical therapy services were initiated in December of 2004 in Kalaupapa. Physical therapy has an important role in their health care to maximize function, prevent decline, decrease pain, rehabilitate, and treat certain physical illness. For elderly individuals, who often have decreased physical reserve, any medical illness can lead to decline. Inactivity and bed rest, a common consequence of illness, contributes to and intensifies muscle weakness, causing deterioration in walking and loss of function. Exercise, activity and other physical therapy interventions have a profound effect on overall health, restoring an individual's ability to perform the daily activities required to live independently in the community.

Between November 2005 and September 2006, 17 Kalaupapa patients received 52 physical therapy treatments in Kalaupapa from a privately contracted physical therapist. The treatments range from one or two sessions for some patients and up to seven or eight for others. An average of six therapy sessions are provided per month.

Most of the patients' basic living needs are provided by the DOH. Homes or residences in the Kalaupapa Care Home or Hale Mohalu Hospital are provided to all patients free of charge. Water and electricity are also free of charge and are paid by the National Park Service (NPS) and DOH respectively. All patients receive a \$45.00 per week food credit to purchase goods in the Kalaupapa store. Those patients on the meals on wheels program have the cost of their meals deducted from their food allowance. Patients who receive all their meals through the meals on wheels program retain a \$10.00 per week credit of their ration at the Kalaupapa store for personal items and incidental purchases. The patients also receive a quarterly \$30.00 cash allowance and a \$70.00 clothing allowance twice a year. For those patients without any third party medical insurance, the DOH pays for their Medicare A and B premiums and Medicare Part D (drug plan) to save on medical costs.

II. The department's progress toward defining and addressing the non-medical needs of patients

The DOH continues to encourage two-way communication between the DOH and the patients by holding monthly community meetings. The NPS also attends these meetings as well as the Deputy Director of Health Resources and the Communicable Disease Division Chief on at least a quarterly basis. In addition to addressing patients' concerns and getting patient input for those issues that concern them, the meetings provide a venue for the DOH and NPS staff to announce changes occurring or scheduled within the settlement and to introduce new staff to the patient community. A frequent patient complaint prior to the monthly community meetings was, "I didn't know they (DOH/NPS) were doing that, or there are many new faces in the settlement we don't know." In a small isolated community such as Kalaupapa, such changes can be unsettling. The community meetings have mitigated much of the uneasiness.

Quarterly meetings with the Patient Advisory Council (PAC), the Kalaupapa Administrator, Branch Administrative Officer, and the Branch Chief have also been utilized since June 2003 to maintain open lines of communication between patients and DOH.

The audit noted that the "Department has not addressed the diminishing effectiveness of the Patients' Advisory Council." In the December 2004 meeting with the Patient Advisory Council, the Hansen's Disease Branch Chief discussed the issue that the PAC is not representing the patients' interests based on the opihi survey and a previous survey of the patient appliance replacement program. The opihi survey pointed out that 64% of all the patients were against any change in the opihi picking policy contrary to the PAC's recommendations. A number of reasons were identified by the PAC for their diminishing effectiveness such as lack of communication between patients, lack of interest in issues, and non-participation on many patients' part. It was agreed that for now, the best method to get the patient community's views and input on contentious or controversial issues is to have the HD staff survey all the patients. This was agreeable to the PAC and has been used a number of times in which positive outcomes were achieved.

This past year, the branch has assisted the PAC in surveying the patient community regarding their views on driving safety (attachment A) within the community. The branch staff also worked with all the residents of Kalaupapa to develop a compromise patient-sponsored child

visitation policy (attachment B). The policy was amended a number of times after consultation with the patient community and remains a viable working policy. A patient designated surrogate throw netting policy was developed by the Branch after numerous discussions with the patients (attachment C). In spite of non-consensus in the patient community, the policy remains in effect with one amendment and no major issues or concerns on the patients' part.

In October of 2004, the Branch requested an Attorney General's (AG) opinion regarding Kalaupapa beach house ownership. Historically, only patients could own beach homes that were constructed outside the settlement. These were built and maintained at the patient's own cost and used to facilitate visits by family members under the age of 16. Over the years, beach homes have been given or sold to other patients, but as the patient numbers decrease there are fewer patients desiring the beach homes. Most of the patients favor keeping the policy of patient only ownership, but recently outside entities has been making overtones for non-patient ownership.

An AG's opinion confirmed that the Department of Health may continue to enforce patient only ownership. The opinion was shared with the Patient Advisory Council meeting in December 2004 and with the patient community at the January 2005 community meeting. Recently, a patient who owned two beach homes passed away and left the decision of ownership to her executor. The executor does not live in the settlement and may not have an appreciation for the unwritten policy of patient only ownership. In spite of the Attorney General's ruling, the Branch continues to get constant challenges on this policy brought by outside entities.

The audit indicated no statutory or formalized language authorized the food credit program for the clergy and the Kalaupapa Administrator. As of January 6, 2005, the food credit for the Protestant minister and his wife was terminated upon his resignation. The Church was notified that the food credit would not be available to the new incoming minister. The food credit program for the Catholic Church was also terminated upon the Priest's retirement in May 2006.

At the request of the patients, the clergy for both churches were allowed, if they so desired, to purchase their meals from the State kitchen at the same price that is charged to all authorized visitors. At the August 2006 community meeting, two patients requested reinstatement of all meals for the clergy. It was explained that it was not in the power of the program to provide cost free meals for any one group and not all others. The Kalaupapa Administrator will continue to be eligible for the food credit program under the terms of employment for State employees working in Kalaupapa.

In 2004, a patient household appliance replacement program was initiated to address this audit-identified issue. The appliance replacement program was developed after surveying the patients for their input as to how the program should be run. A pool of each of the five major appliances (washer, dryer, refrigerator, stove, and water heater) was brought in on the 2004's barge. Another pool of major appliances (35) was ordered for the July 2005 barge to accommodate the patients and employees' appliance replacement program. Prior to this year, 30 of those various appliances were issued to 15 patients.

This year, eight appliances were replaced in six patients' homes (attachment D). The number of appliances replaced has decreased this year because most of the appliances were replaced in the previous two years as the program came on line.

In the 2006 legislative session, \$109,100 was appropriated as a grant in aid to fund a paid coordinator for the Ka 'Ohana O Kalaupapa (a Kalaupapa patient advocacy group). The grant in aid will be administered through the Hansen's Disease Branch. As of October 2006, the Branch is still awaiting the release of the funding.

In March of 2006, \$192,000 was redirected within the Department of Health to the Kalaupapa budget to fund budget shortfalls related to cost increases in electricity, gasoline, replacement of the Care Home electrical transformer and replacement of the landfill bulldozer's engine. In last year's legislative report, \$225,000 was reallocated in June of 2005 to cover cost increases in the patient medical care contract with University of Hawaii physicians, gasoline cost (we purchase 32,000 gallons for annual usage), annual barge contracting costs, and increased patient nutritional services required for care home licensure. New patient appliances, new patient requested physical therapy services, and additional construction costs related to patient requested improvements to their homes were also covered.

III. The department's progress toward promoting a positive living environment

This past year both the DOH and the NPS were faced with a number of infrastructure challenges. The State has been very fortunate to share infrastructure responsibilities with the NPS. The NPS has assumed a number of high cost projects within the settlement. One such example is the high volume cesspools to septic tank conversions required by the Environmental Protection Agency (EPA). The NPS was able to secure funding for all 20 cesspools identified. The \$3 million project is currently underway and will meet all EPA timelines and requirements.

In March of 2006, Kalaupapa was cited by the DOH Clean Water Branch for violations for improperly storing hazardous waste such as oil drums, paint cans, car batteries and other car parts. The remediation plan included applying for the required permit for industrial activity, and assuring procedures to appropriately discard the hazardous waste or store them according to best management practices (including secondary containment). The NPS contracted to remove all \$47,000 worth of hazardous waste this year, since waste generated by the DOH, NPS and patients could not be differentiated.

The DOH has been working closely with the NPS to secure funding to address problems identified in the NPS's Kalaupapa Harbor and Pier Engineering Report dated June 2005. In that report, serious problems were identified in the 30-year-old pier: bulkhead wall (currently disintegrating into the ocean); break water, harbor and turning basin. The problems are further exacerbated by the fact that in 2008 Young Brothers Barge and Tug will be retiring the only barge (due to seaworthiness issues) that is large enough to accommodate the three large gasoline tanker trucks and trailers and small enough to get into the tight harbor.

Although \$750,000 has been allocated for the design work on the failing bulkhead wall, additional resources are necessary to fund the repair and construction of a new wall.

The Hansen's Disease Branch has requested Capital Improvement Project (CIP) funding of \$4,002,000 in FY 2008 and \$3,322,000 in FY 2009 to address the identified pier and harbor issues and secure long-term capacity to safely supply the settlement by sea.

The new ethanol gas mixture introduced this past year required the Kalaupapa underground storage tanks to be completely free of all water moisture. The gas supplier notified the HD Branch staff that any water in the tanks would combine with the ethanol and render the gas unusable. The gas tanks caps and hatches have been modified to insure against water seepage into the tanks.

In recent years, Molokai has seen a huge increase in drug abuse, primarily crystal methamphetamine (ice). Kalaupapa has not been immune to this epidemic and the increasing severity and complexity of crimes has stressed the current security system. In 2004 and 2005, several theft of personal, State and Federal property were reported. Nine Kalaupapa employees filed Molokai police reports after their car tires were slashed as well as one car's brake lines were cut while parked in the lot at the trailhead. Reports of employee workplace violence were investigated by the State, resulting in one employee termination. The HD Branch requested the State Attorney General's Investigation Division to look into allegations of drug use in the settlement. The investigation was unable to build a criminal case, but the investigators stated that the problem was real.

The DOH is responsible for the security of Kalaupapa as mandated in Hawaii Revised Statute, Chapter 326. Per this chapter, a sheriff, who by law is a patient resident, and his deputies are appointed by the Director of Health. The changing nature of the crimes occurring in Kalaupapa combined with an aging patient population necessitated additional enforcement response capabilities to keep the patients and staff safe and secure.

Several options that were evaluated included security provided by Maui/Molokai Police Department or the State Sheriff's Office. Both options proved too costly since the required security coverage would be provided by off duty police officers whose services would be billed as overtime (150% of their normal wage rate). Transportation costs were also prohibitive, as officers would have to be flown in daily from Oahu, Molokai, or Maui seven days a week. The flight schedules of the planes into Kalaupapa would only allow security coverage from about 0900 to 1500, which was not considered adequate. Requesting police assistance on an as needed basis for an incident that requires immediate response is not a viable option because the severe isolation of the settlement prevents a timely response. It could take officers several hours to travel to Kalaupapa.

The most cost effective and efficient option was to ask the NPS to provide law enforcement trained rangers that would live in the settlement. The NPS was willing to provide three seasonal rangers who could provide 10 hours of security coverage 7 days a week. The Branch has requested \$65,100 for FY 08 and \$65,100 for FY 09 to purchase this security coverage for the Kalaupapa community from the NPS. An Attorney General's opinion has also been requested to clarify the roles and powers of the DOH deputized NPS sheriffs. This was presented at the Patient Counsel in October 2006 and approved with a recommendation for these NPS rangers to serve as Sheriff Deputies.

Three patient homes were completely remodeled this past year to accommodate patients' special needs. In addition to the remodel, the old 1940-1950s electrical system was completely replaced to meet the electrical demands of numerous modern appliances. The Branch had requested \$100,000 per year to replace the electrical systems in 10 patients homes each year for the two-year biennium funding cycle. However, as of early November, the request was reduced to \$50,000 per year.

The DOH has been active to promote and provide a positive living environment in Kalaupapa. The following extracts provide a chronology of DOH-supported activities and events during the past year.

October 2005

Domestic attendant position is in recruitment to help with independent patient living. (Note: No applicants on the list. Position was re-described to a home chore worker position and is in recruitment.)

Program requested \$7 million CIP funding for bulkhead wall repair, breakwater and pier renovation at the Kalaupapa harbor. A request for \$750,000 was forwarded to the legislature to fund repair study.

Hosted Representative Ed Case at the Kalaupapa Town Hall meeting.

Care home supervisor, Mr. Ka'imi Maka received his care home operator's certification as required by Office of Health Care Assurance (licensure).

November 2005

DOH arranged for the Attorney General's Investigation Division to conduct a drug investigation in Kalaupapa at the request of the patients and employees. Seventeen employees and a patient were interviewed. No criminal activity could be substantiated.

New Communicable Disease Division Chief, Dr. Glenn Wasserman, MD, MPH introduced at the Patient Advisory Council meeting and the community meeting.

Hawaii Revised Statutes, (HRS) 326-35 allows the Director of Health to appoint a patient sheriff for law enforcement in Kalaupapa. Questions as to whether an aging patient population can adequately deal with incidents and the changing seriousness and complexity of crimes in Kalaupapa have necessitated exploring other options to insure safety and security in the settlement. A meeting was held with the NPS to discuss law enforcement responsibility in the settlement 24 hours a day, 7 days a week (at the request of the patients and employees). NPS will adjust their rangers' schedules to allow for weekend coverage after a ranger returns from Iraq at the end of January. The DOH committed to transferring \$65,000 to the NPS for hiring two seasonal rangers to back up the two permanent rangers as a long-term solution.

December 2005

Two patients are currently receiving dialysis in Kalaupapa. A third patient will need dialysis in the early part of next year. Numerous meetings were held with the Office of Health Care Assurance (licensure) and St. Francis dialysis staff to identify options for accommodating this third patient.

The DOH participated in the NPS's 25th Anniversary celebration of Kalaupapa National Historic Park.

Arranged for each Kalaupapa patient to receive a \$50.00 Christmas gift from the Patient Donation Funds (monies privately held for the patients).

Arrangement made to have an auto mechanic from topside Molokai assist Kalaupapa auto mechanic replace the bulldozer's blown diesel engine. The bulldozer is used to operate the landfill and pull the annual barge into the pier.

Kitchen cook, Shannon Crivello is attending classes to certify him to provide special diets (eg. low salt, low sugar, and low fat meals) for the Kalaupapa patients as required for licensure.

January 2006

Hale Mohalu / Pearl City Senior Home's old wheelchair handi-van was committed to HD Branch. The van will be sent to Kalaupapa on the next barge. It will be used to provide a form of public transportation for the Kalaupapa patients.

Landfill inspected by the Solid Waste Management Branch. Landfill closure plan completed with a target date of 2008 for landfill closure.

Enrolled 19 patients in Medicare Part D drug plan. Paying for 17 patients' plans.

February 2005

Hosted Representatives Dennis Arakaki, Josh Green, Mele Carroll and Senator Kalani English for a House health hearing in Kalaupapa.

Reviewed and commented on Federal Aviation Administration's Air Tour Management Plan for Kalaupapa Settlement. DOH advocated for no air tour flyovers over Kalaupapa National Historic Park at the patients' request.

Testified on House Bill 2739, which would charge the DOH with protecting Kalaupapa patient residents from unreasonable intrusions into their personal and financial affairs. The DOH supported the intent, but not the bill because it eroded the patients' freedoms and rights.

Met with DOH Solid Waste Management Branch to discuss how we can meet the requirements of the consent agreement to close the Kalaupapa landfill by 2008.

March 2006

Explored the possibility of securing funding through the Federal Rural Development Program to replace the back-up generator at the Kalaupapa Care Home to provide 100 percent electrical back up for the care home in the event of a power outage.

Coordinated testimony with the Ka Ohana O Kalaupapa and NPS on House Concurrent Resolution 157, which requests the Department of Hawaiian Home Lands develop a long-range comprehensive plan for the future of Kalaupapa.

Compliance inspection by the DOH Clean Water Branch. Program cited for storage of oil drums, diesel fuel, paint cans and scrap metal and operating a non-permitted vehicle maintenance area and landfill with a National Pollutant Discharge Elimination System (NPDES) permit. Remediation plan developed and application for NPDES permits submitted.

April 2006

Supported a grant-in-aid request from the Ka Ohana O Kalaupapa to fund a full time coordinator to support patients' issues and concerns.

Completed corrections to Clean Water Act violations regarding the storage of used car batteries, hazardous solutions, and "white goods" such as refrigerators, washers and dryers.

May 2006

Met with the Office of Health Care Assurance to resolve level of licensure for the Kalaupapa Care Home. Level was changed from an Adult Residential Care Home (ARCH) Type II to a SNF/ICF Nursing Facility to accommodate increased numbers of patients who require higher level, skilled nursing services.

Discussed with Kalaupapa patients the installation of cable TV services at Hale Mohalu Hospital. Cable TV was installed in all the patients' rooms in June.

June 2006

Met with the Department of Accounting and General Services to clarify how to access and utilize \$750,000 funded by the legislature for planned repairs to the bulkhead wall at the Kalaupapa harbor.

Installed a local area network (LAN) in the Kalaupapa Nursing Facility to coordinate patient medical database among all medical staff.

NPS is scheduled to open an internet learning center in the Kalaupapa Library.

July 2006

Three Kalaupapa gas tanks were cleaned of all residual water in preparation of receiving 18,000 gallons of ethanol mixed gas (E85). Any water in the tanks will render the ethanol gas unusable. Gas tank caps were modified to prevent water seepage into the tanks and contaminating the ethanol gas.

Cable TV installed in all the patient rooms at Hale Mohalu Hospital at the patients' request.

Re-established emergency contact communications between Kalaupapa and State Civil Defense, Maui Police, and Maui Fire Department. Communication equipment is tested weekly to insure continuous availability and functioning.

Obtained satellite radio from the NPS to provide the Nursing Facility with continuous communication 24/7 in the event the phone landlines go down.

A third dialysis patient has begun dialysis in the Kalaupapa Nursing Facility under the home dialysis program. The DOH is providing dialysis care-givers (versus a family member providing the service) for all three dialysis patients.

August 2006

Instituted formal patient recreation activities at Hale Mohalu Hospital to improve their quality of life. Bingo, cards, Mah Jong, movies, and lunch outings are some of the activities provided. Donations were solicited from businesses and are used as prizes for the patients' games.

Kalaupapa medical staff met with Dental Health Division staff to identify options to eliminate the backlog of Kalaupapa patients requiring preventive dental visits. Dental Health Division agreed to increase frequency and lengthen visits provided by their dentist until the backlog is resolved.

Initiated a meeting with Young Brothers Tug and Barge Service, NPS, and the State stakeholders to discuss the Kalaupapa pier issues including options for barge service once the barge Aukai is taken out of service in 2008. A private contractor may be able to meet the roll on/roll off requirements for the Kalaupapa annual barge as well as have a barge small enough to get into the harbor. Young Brothers will not have the capability once the Aukai is retired.

Work begun on replacing 20 high volume cesspools with septic tanks as mandated by the EPA.

Emergency preparedness training set up for all staff at Kalaupapa.

Secured airfare cost from Na Pu'uwai (Hawaiian health program) for a licensed masseuse to make quarterly visits to Kalaupapa to provide the patients with free massages.

September 2006

Formalized air evacuation procedures for Kalaupapa patients/residents because some of Hawaii Air Ambulance planes are unable to land in Kalaupapa. Air Med Hawaii will be the primary service.

Guitar concert by world famous concert guitarist Jeff Linsky held for patients and staff.

Initiated discussion with patients and residents regarding NPS culling the large populations of deer and pigs in the settlement. Culling of deer and pigs will be done upon the patients' request.

On Going Annual Events

Annual Christmas caroling with DOH staff and patients. The group practices the songs at the care home then drives around the settlement in two large vans, stopping at each patient's home to sing. After caroling, everyone goes to the church hall for refreshments.

Annual community Christmas party with Santa and Salvation Army personnel. The party sponsored by the Kalaupapa Lions Club is always a festive event, with Santa giving out numerous presents to patients, a full dinner, and entertainment.

The Festival of Trees was sponsored by the Arts and Crafts of Kalaupapa and was the brainchild of blind Kalaupapa patient Catherine Puahala. The event has three categories for best tree, wreath, and ornaments. Ribbons and cash prizes are awarded and are a tradition in Kalaupapa.

Annual Bingo Night in Kalaupapa was sponsored by the Hawaii Filipino Society this year. The patients enjoyed food, fun, and numerous prizes that each took home. The event was attended by almost every resident.

Every year St. John Vianney Choir from Kailua visits Kalaupapa to perform their annual summer concert. They arrive a few days before their concert and perform many volunteer tasks for the patients such as washing cars, dogs, cleaning yards, etc. Every evening during their visit, they prepare an evening meal and all the patients are invited. Music and singing usually follows dinner. There is always dinner following the formal concert at the St. Francis Church Hall.

In August 2006, the entire settlement attended the party celebrating the 40th anniversary of Gloria and Richard Marks Damien Tours.

IV. The department's management of state resources, including benefits given to employees that are not statutorily defined

The DOH continues to manage state resources according to the State's policies and procedures for purchasing goods and services, expending goods, and deleting expired durable goods as described in the 2005 legislative report.

No new benefits, that are not statutorily defined, have been given to the Kalaupapa employees during 2006.

V. The department's progress toward establishing written policies and procedures for Kalaupapa store

The Kalaupapa store has effectively utilized the policies and procedures developed in January 2004 to dispose of inventory that expired or deemed un-sellable. The audit identified the lack of written policies and procedures for the disposal of inventory at the Kalaupapa store as contributing to an appearance of potential abuse. For the period from November 2005 to October 2006, \$1,116 worth of store goods were disposed of due to spoilage, expired sell dates or insect infestation. Annual store purchases usually total \$90,000-\$100,000. This year's waste disposal total was a \$521 (32%) decrease over last year's disposal of \$1,637.

Of the \$1,116 total, \$529 was a one-time disposal of meats, fish, vegetables, and other food items that spoiled in the refrigerators and freezers when an electrical power outage occurred over a weekend. All food disposals were authorized by the Kalaupapa administrator and witnessed and signed off by two employees, usually the light truck driver and the land fill bulldozer operator.

The electrical power outage of May 31, 2006 was the second one that had resulted in substantial food loss (first one occurred in 2005). The electrical system supplying the store and its large freezers was identified as a problem. The electrical feeds to the store were re-wired to alleviate the electrical problem.

The Vector Control Branch was consulted to address the problem of insects. Store and warehouse were treated to temporarily eliminate the insects. We were notified that the only way to completely eliminate insects is to refrigerate the entire warehouse.

A variety of reasons can be attributed to the substantial decrease in disposed store inventory. In October of 2004, the store was enclosed and air-conditioned. This not only stopped the canned goods from rusting due to the store's proximity to the ocean salt spray, but also decreased the spoilage and caking of dry goods due to high humidity. The air conditioning also keeps the large commercial refrigerators operating at a cooler temperature completely eliminating down time due to over heating. The upgrade to the electrical system should prevent further power outages eliminating refrigerator and freezer food spoilage.

The final reason that the disposal amount has substantially decreased over this past year is the inventory management policy that has been in place for the past two and a half years. Quarterly inventory counts reconcile the actual inventory on hand with the database, determining annual purchase projections for each store items. Accurate annual usage data results in precise ordering and decreased overages for any given item.

VI. The department's progress toward establishing and maintaining a complaint file and adequately addressing complaints

Both the Hansen's Disease Branch Administration and the Kalaupapa Administration office set up a formal complaint process as of January 2004. It is patterned after the DOH Director's office complaint process. All complaints are logged with the date received, how the complaint was received, e.g. phone call, letter, etc., nature of the complaint, what actions were taken and when the actions were taken. All complaints are followed up by a written response or a follow up phone call to the person filing the complaint.

As of November 2004, the HD Branch office received seven complaints. All seven complaints were made by, or on behalf of Kalaupapa residents. All were resolved and a response given back to the person filing the complaint. The Kalaupapa Administrative office received six complaints from Kalaupapa residents during the same period. All complaints were resolved.

VII. The performance of the administrator, including compliance with job duties

The Kalaupapa Administrator's special remediation and training was documented in the first legislative report in 2004. The administrator received nearly unanimous support of his performance from the patients at that time. Six months after the favorable patient evaluation, House Health Committee Chairman Representative Dennis Arakaki held a Health Committee Hearing in Kalaupapa on February 28, 2005. The purpose of the visit was to provide the community an opportunity to respond to the DOH's progress in addressing the non-medical needs of the patient residents.

There were approximately 30 community members at the hearing including patients, volunteers, clergy, and employees of the Department of Health as well as the National Park Service. The audit identified a fair amount of frustration from the patients in regards to the Kalaupapa Administrator's performance and attitude. To address this critical aspect of the audit and the DOH's response, Representative Arakaki asked the Kalaupapa Administrator to leave the hearing so the patients could talk freely about his performance.

Once the administrator left the hearing, ten patients took the opportunity to comment on the administrator's performance. Nine patients spoke well about his performance and testified that they have observed an improvement in the administrator's behavior and attitude, and that "he is trying to change how he treats patients." One patient voiced a complaint but could not clarify what the actual problem with the administrator was. The temporary Protestant minister also spoke highly of the administrator and this was in spite of the fact that the administrator had to notify him of the canceling of the DOH-sponsored food credit for the clergy. He said the notification was done very informatively and professionally.

In February 2006, House Health Committee Chairman Representative Dennis Arakaki again held a hearing in Kalaupapa to get the patients' input regarding the DOH's efforts in meeting the audit identified problems and the performance of the Kalaupapa Administrator. Of the 15 patients present, three had comments about the administrator. Two of the three felt that the administrator was "doing good and [there was] nothing to complain about, and they also felt that he was doing what has been asked of him." The third patient voiced a number of concerns that were not directly related to the administrator.

The Branch Chief has observed the Kalaupapa Administrator's interaction with the community at all the monthly community meetings as well as at the Patient Advisory Council meetings. In all instances, the KA has been cordial, fair, and often innovative in suggesting solutions to some difficult situations facing the Kalaupapa community. Overall, patient response to the KA and the monthly community meetings has been positive.

VIII. The department's progress toward adequate accountability of state property;

Inventory control policies that were developed and implemented in June of 2004 have been utilized effectively for the past three annual barge visits. All new state property coming in on the barge are fixed with a decal and the State employee delivering the item must report the item/description, decal number, and location delivered to administration while the receiving

party must sign to acknowledge receipt of the item. All State property shipped out on the barge for disposal must have a State approved disposal application form (DAGS form) and be logged on an Outgoing Barge Form (internal administration form) to facilitate inventory control.

When the electrical repair responsibilities for Kalaupapa were turned over to the NPS three years ago, the NPS electricians had open access to the DOH's electrical building and supplies since the electricians were doing work on the patients' and employees' residences, State buildings as well as the NPS job orders. Last year, a new policy was implemented to coordinate the NPS electrician, DOH Construction and Maintenance Supervisor and the administration office to account for all the appliances and electrical supplies that are installed on State initiated jobs. The policy also accounts for all appliances that are removed from State owned homes and community buildings. The pool of the new appliances awaiting installation has been moved and secured in the Bay View complex under lock and key.

IX. Details and justification of approved employee air travel requests and trail pay

Each bargaining unit contract contains a specific article that allows a Kalaupapa employee whose permanent residence is on "topside" Molokai, and who is provided quarters in Kalaupapa as a matter of convenience, to be granted either three roundtrips by air per month, or two hours of travel pay for trekking up and down the trail once a week to topside. Employees whose permanent residence is in Kalaupapa will be granted one roundtrip by air to topside each month or in lieu of the three round trips to topside, an employee may instead take one inter-island round trip per quarter.

Employee air travel procedures, which were modified, implemented and reported in the 2004 legislative report, continues to be utilized. All employee requests for air travel reimbursement must be substantiated by a valid airline receipt. In addition to submitting the receipt, the employee must also complete and sign a reimbursement application at the end of each month for that month's travel. These reimbursement requests are then sent to the HD Branch office for review and approval by the Administrative Officer. The paper work is forwarded through the Communicable Disease Division office to the DOH's pre-audit office for submission to the Department of Accounting and General Services (DAGS) to generate the reimbursement check.

For those employees electing reimbursement for walking the trail, the employee must go to the administration office each time he/she completes a round trip up and down the Kalaupapa trail. The employee signs for the trip by entering the date the trail was walked and initialing next to the date. The employee may not complete the form in advance or more than a week after the walk date. At the end of the month, the employee reviews the form and certifies it to be true and correct by signing and dating the form. The original form is initially approved by the Kalaupapa Administrator and sent on to the HD Branch office for review and approval by the Administrative Officer. The paper work is forwarded through the Communicable Disease Division office to the DOH's pre-audit office for submission to the Department of Accounting and General Services (DAGS) to generate the check.

This year the Branch proposed language changes for contract negotiations regarding the Kalaupapa trail pay. Proposed language would pay each employee, across all bargaining units, a fixed amount whether they walked the trail or opted for airfare reimbursement. This would relieve the Branch of the responsibility of insuring the employees actually walked the trail.

For the period October 2005 through September 2006, the DOH expended \$26,785 for employee authorized trail pay. Twenty-two employees utilized this contract benefit. For the same period, the DOH expended \$8,397 on employee authorized air travel pay. Eighteen employees utilized this contract benefit. Some of these employees may be the same for both as the contract allows either benefit as long as the employee declares his/her intent prior to the month.

PATIENT AND NON-PATIENT COSTS

House Bill 2814, H.D. 2, S.D. 1, C.D.1 amended chapter 326-13, Expenses; rules, to include a new section (b) in which “expenses related to patients shall be tracked separately from non-patient costs, whenever appropriate and possible.” There are a number of costs that can be tracked separately, but the majority of the costs for Kalaupapa may not be separated. Patient costs that are available or can be calculated include:

The following is a summary of expenses that were tracked or that could be readily calculated.

Patient Expenses for the period October 1, 2005 through September 30, 2006:

Home Care Staff Salaries	110,679
Home Care Staff Overtime	7,680
Medications	160,671
Miscellaneous Medical Expenses (supplies, specialists, etc.)	72,527
Medical Services	52,549
Medical Insurance Premiums (HMSA & Medicare)	27,891
Medicare Reimbursement	20,281
Care Home Staff Salaries	770,696
Care Home Staff Overtime	12,336
Patient Employee Program Salaries	56,589
Physician Services	133,043
Travel Cost for Medical Care	35,276
Pharmaceutical Services	6,900
Dietary & Nutrition Services	4,150
Physical Therapy Services	4,425
Cash Food Allowance	5,905
Food Rations (\$45 per patient per week drawn at the store)	41,655
Meals (estimated: 3,287 meals @ \$5.00 ea.)	16,435
Clothing Allowance	5,905
Cash Allowance (\$30 per patient per quarter)	4,024
Patient Employee Program Pensions	118,663
Appliances	13,643

Cable TV (paid by donation funds)	16,312
Beautician	660
Stamped Envelopes (10 per patient per month)	2,800

Non Patient/Employee Expenses for the period October 1, 2005 through September 30, 2006:

Trail Pay/Air Travel	39,874
Meals (11,490 meals @ \$5.00 ea.)	57,450
Salaries (Admin, Food Services and Construction & Maintenance)	868,477
Overtime (Admin, Food Services and Construction & Maintenance)	56,882
Standby Pay	6,625
Food Ration Credit	4,934
Employee safety equipment cost (steel toe shoes, gloves, goggles, respirators, etc.)	799

Expenses that would be difficult to track as either patient or non-patient include:

- Administrative/clerical services: labor cost, supplies, facility maintenance, utilities
- Housekeeping services: labor cost, supplies, facility maintenance, utilities, equipment
- Food Services: labor cost, supplies, facility maintenance, equipment and equipment maintenance, utilities
- Kalaupapa Store: labor cost, supplies, facility maintenance, utilities, shipping, spoilage
- General construction and maintenance services: labor cost, supplies, facility maintenance, utilities, equipment cost and maintenance
- Electricity cost: (state building are not metered and one bill is generated)
- Trash pickup and landfill operations
- Upkeep of common areas

In all the above examples, DOH staff provides services for patients, staff, visitors, and in some cases, the NPS. It is difficult to separate most costs in Kalaupapa and even if possible, would be at great cost in time, energy and staff with accuracy still being in question. As an example, housekeeping services provide janitorial and housekeeping services for the care home, state offices, community buildings e.g. McVeigh Hall, and all the visitor's quarters. The community building and visitor's quarters are used daily by patients and non-patients. Assigning costs for supplies used, cost of utilities, facility or building maintenance, equipment purchased or used would be very difficult in this case and would have to be done for every different function/activity that each of the service sections provide.

The general construction and maintenance section is responsible for repair and maintenance of all buildings within the settlement, plumbing, painting, common area yard maintenance, vehicle repair and maintenance, garbage pickup and landfill operations and all the sub activities under each responsibility. In order to separate patient and non-patient cost, each activity would have to be evaluated to assign cost with estimated costs being assigned in many cases rather than an actual cost.

The DOH is greatly appreciative for the opportunity to share with the legislature all the actions it has taken to address the auditor's report and improve the quality of life for the patients of Kalaupapa Settlement. The DOH feels that majority of the issues identified in the audit have been addressed over the past three years.

Driving Safety Survey
Conducted 1/26/06-1/30/06

The Kalaupapa Patient Advisory Council has recently expressed its concern that residents “talking story” in their cars in the middle of the road is causing a driving safety problem. This is becoming much more of a safety concern in light of the diminishing driving skills as the patient population ages. This survey would like to clarify what is the level of driving safety the patients are comfortable/uncomfortable with.

- 1). To what extent do you feel “talking story” in the middle of the road is problem?
A). Not a problem 8 B). Somewhat of a problem 14 C). Major problem 11

- 2). Do you feel that driving under the influence of alcohol or drugs is an issue in the settlement? **Yes -13 No -17 Don't Know -3**

- 3). If yes, should driving under the influence be enforced? How?

Stop/arrest impaired drivers	6	Report drunk driving to Admin	1
Suspend license	3	Probation	1
DOH enforce	1	Don't know	3
Drug test	1		

- 4). Do you feel that vehicles in Kalaupapa should go through a safety check process?
Yes – 9 No – 24

- 5). Do you feel that all Kalaupapa residents should be required to have automobile insurance?
Yes – 5 No – 27 Don't know - 1

- 6). Should standard driving rules such as speeding, running stop signs, illegal parking be enforced?
Yes – 28 No - 5

- 7). Who should enforce the rules? Sheriff, DOH, NPS, other? What would enforcement entail? Ticket? Fine? Loss of driving privileges?
Sheriff - 28 NPS – 13 DOH – 6 Other -2 (Maui Police)

8). Should all Kalaupapa residents be required to have a valid State of Hawaii license to drive in Kalaupapa?

Yes – 5

No – 27

Don't know – 1

If no, how should a person be evaluated as to whether they can operate a car safely?

Doctor's evaluation	8	KS road test	5
Sheriff to evaluate	4	Vision exam	4
Check driving record	2	Sponsor to be liable	1
Check # of accidents	1	Leave it up to the driver	1

9). In a geriatric population there are many more issues to operating a vehicle safely for both the driver and others outside the vehicle. Physical disabilities, leg and arm strength, neck flexibility, visual acuity, working memory, processing visual information, and reaction time are just some to the considerations for operating a vehicle safely. How do we go about deciding what is adequate to operate a vehicle safely?

Doctor's evaluation	23	KS Admin to evaluate	1
Sheriff to evaluate	2	Driving record/history	1
Two medical staff (MD & RN)	1	NPS to evaluate	2
Maui Police to evaluate	1	Don't know	2

How would we enforce this?

Do not enforce at all	1
Better screening of visitors during sign-in at Admin	1
Doctor to have authority to remove license	3
Yearly medical evaluations by doctor	2
Doctor and sheriff to jointly enforce	1
Lower speed limit	1

*33 of 35 patient – residents were interviewed. Two residents were unable to respond to survey.

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

June 28, 2005

TO: All Patients at Kalaupapa Settlement

FROM: Linda M. Rosen, MD, MPH *Linda Rosen, MD, MPH*
Deputy Director, Health Resources Administration

SUBJECT: CHILD VISITATION POLICY

In view of the recently passed legislation (Senate Bill 1713), the Department of Health will modify the current child visitation policy effective July 1, 2005, for a three (3) month trial period.

Children will be allowed into the Settlement, and they will be permitted to stay in the homes of Kalaupapa residents, as well as at the Visitor Quarters. However, all children must be accompanied by an adult at all times.

During this test period, the current method to apply for visitors will be used. Children will not be permitted by the airlines without accompanying written authorization. The Kalaupapa Administrator will monitor applications and, for infrastructure and safety reasons, will limit the number of children permitted in the Settlement on any given day to approximately twelve (12). If requests exceed this number, limits on length of stay may be necessary.

At the end of the test period, the Director of Health will evaluate the results. Any problems that may arise during this period should be brought to the attention of the Kalaupapa Administrator, and if not easily resolved, will be forwarded to the Director for her action.

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOMI LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 3378
HONOLULU, HAWAII 06801-3378

In reply, please refer to:
File:

July 20, 2005

To: ALL KALAUPAPA PATIENTS, EMPLOYEES AND VOLUNTEERS.

From: Linda M. Rosen, M.D., M.P.H. *Linda Rosen MD, MPH*
Deputy Director, HRA

Subject: CHILD VISITATION POLICY

This letter will clarify my previous letter of June 28, 2005 regarding children visiting Kalaupapa. For a trial period, the rule forbidding children within the settlement has been lifted. However, only patient residents may sponsor child visitors. Employees may not sponsor child visitors. Those employees who currently have passes for children must check with Mike McCarten for further instructions.

The Department has interviewed patients and found that the majority of patients want child visitation rules to remain as they have been. But some patients believe it is a basic right to have those they are close to visit their home, including children. We should all be respectful that it is difficult to bring these view points together. This trial of allowing children in Kalaupapa Settlement is to explore if we can do so.

Patients who want to sponsor children should be aware that they present several additional concerns. They can bring a greater risk of infection to our patients with their common contagious childhood illnesses, often not serious for them, but potentially very serious for elders. They need to be physically active, can be disruptive, and require constant adult supervision to avoid injury to themselves or others. If they are ill or injured, there are no medical services available at Kalaupapa for them.

Another issue requiring clarification is the length of stay for visitors. The memo issued by Mr. McCarten on May 23, 2005 lifting the length of stay for visitors is not valid. All previously existing rules and regulations governing visitors to Kalaupapa Settlement, including length of stay, remain in place. The rules to which I am referring are posted herewith and are available at the Kalaupapa Administration Office.

Please contact me if you have further questions at 808-586-4433.

LINDA LINGLE
GOVERNOR OF HAWAII
HEALTH



CHYOME L. FUKINO, M.D.
DIRECTOR OF

**State of Hawaii
Department of Health
Hansen's Disease Branch**

3650 Maunalei Avenue
Sinclair Building, Room 210
Honolulu, HI 96816
(808) 733-9831

DATE: July 29, 2005

TO: Michael McCarten
Kalaupapa Administrator

FROM: Linda Rosen, M.D., M.P.H. *LRR*
Acting Chief, Communicable Disease Division
Deputy Director, Health Resources Administration

SUBJECT: Clarification to Child Visitation Policy

This memo is to clarify issues related to my memo of July 21, 2005, stating that employees and volunteers may not sponsor minors under the age of 16 for visits in Kalaupapa Settlement. All aspects of the current written Child Visitation Policy, signed by patients and the Director, remain in effect except that during this trial period, patients may sponsor minors under the age of 16 to visit them inside the Settlement without having to be homebound.

Patient requests to sponsor minors under the age of 16 to stay inside the Settlement must be for the purpose of visiting the patient. Sponsoring minors for the purpose of visiting with employees or volunteers inside the Settlement is not allowed by the current Child Visitation Policy. Employees are not allowed to have minors under the age of 16 stay at their homes in the Settlement. Any passes granted to employees or volunteers for minors to visit Kalaupapa during the month of August must be cancelled.

Finally, please advise patients inviting children that they will not be allowed in the Care Home without prior approval from the Care Home Supervisor.

LINDA LINGLE
GOVERNOR OF HAWAII



POST
CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

Attachment C

**DEPARTMENT OF HEALTH
STATE OF HAWAII
KALAUPAPA SETTLEMENT**

P.O. BOX 4444
KALAUPAPA, HAWAII 96742
TELEPHONE: (808) 567-6924 / 6928
FACSIMILE: (808) 567-6943

March 15, 2006

TO: KALAUPAPA COMMUNITY

FROM: Michael E. McCarten, Administrator
Kalaupapa Settlement

SUBJECT: THROW NET FISHING FOR PATIENTS

For the next three (3) months, beginning April 1, 2006, we will be conducting a trial program, which will permit outside family members, or friends to fish, using throw nets if it is for a patient.

Each patient may have only one person at a time taking part in this program, and it is the patients' responsibility to notify the Administration Office in advance who will be fishing for them. The patient host must be present with their designated throw net person during the throw net process.

All State and Federal fishing regulations will apply.

cc: Mike Maruyama/Chief/Hansen's Disease Branch

Appliance Replace Program (9/05 – 10/06)

Dryer	Washer		Range	Water Heater		Refrigerator	
		Laundry Service					
K. Kobylas	E	Laundry Service	NP		E	C. Kahilihiwa	P
J. Sigler	E	A. Cuello	E		P	P. Keola	P
Laundry Service	NP	F. Cabrini	NP		P	M. McPherson	E
Staff quarters	NP					E. Malo	P
E. Shephard	E						
E. Malo	P						
K. Costales	P						

E = Employee
 NP = Non patient
 P = Patient