Improving the health of Native Hawaiians depends largely on improving early access to diagnosis and care, which, in turn, relies on a system of culturally competent providers who are attuned to the values and health beliefs of their Hawaiian patients. On August 9-13th, 2000, a group of 23 physicians traveled to the island of Kaho'olawe to partake in an innovative conference entitled, “Increasing Cultural Competency in the Native Hawaiian Physician.” The Straub Foundation, the Native Hawaiian Center of Excellence and the ‘Ahahui o nā Kauka (Association of Native Hawaiian Physicians) designed the curriculum that centered on the issue of cultural competency, with a twist. The physicians would take part in an intense cultural experience, and the curriculum would be delivered in that context. Conference planners hoped to show that such a program would help to bridge the gap that exists between the Western training of the physicians and traditional approaches to Native Hawaiian health and healing. The underlying premise was that coupling a cultural competency program with a cultural immersion experience would enhance the success of the curriculum. The physician participants had the following backgrounds: sixteen were Native Hawaiian (Kūnaka Mo'oli), one was Maori, one was Filipino, one was Native American (Comanche), two were Asian and two were Caucasian. All physicians had an interest in Native Hawaiian or Pacific Islander health.

Historical Background
The island of Kaho'olawe is the eighth largest island in the Hawaiian archipelago. In times of old, it was home to dryland farmers, adze workers and fishing families. Ancient navigators studied the channels, winds and clouds atop Pu'u Moaulaikai, and master craftsmen set up work-shops near the adze quarry at Pu'u Mōwil. In the 19th century it was used as a penal colony for Hawaiians who violated new Christian moralities, before being used by cattle, sheep and goat ranchers. In 1941, it was appropriated by the US government and used as a target range for military exercises. After a long and difficult political struggle spearheaded by the grassroots Protect Kaho'olawe 'Ohana, President George Bush ordered the military to stop using the island for bombing and target practice in October of 1992. In 1993, the United States Congress voted to return the title of the island to the State of Hawai‘i and authorized the funding to clean up the unexploded ordinance. On May 7, 1994, the deed returning the island to the people of Hawai‘i was signed. Kaho'olawe now serves as a “cultural reserve” and is being held in trust for the future “sovereign native Hawaiian entity.”

One term of settlement of the original lawsuit provides monthly access to the island by the Protect Kaho'olawe 'Ohana (hereafter referred to as the ‘Ohana) for educational, scientific, cultural and religious purposes. As a part of the experience, participants are taught the history of the island, visit archaeological and cultural sites, and aid in ecological restoration projects. Restoration work is crucial since severe erosion has occurred as a result of the 50 years of bombing and earlier grazing by goats, sheep and cattle. Unfortunately, it appears that it will be impossible to clear the land of all the ordnance in spite of an ongoing multimillion-dollar cleanup by military contractors. The island has become a symbol of hope, of the land and of the Native Hawaiian people. By helping to heal Kaho'olawe, Kūnaka Mo'oli heal themselves.

Cultural Immersion Activities
Activities enabled physicians attending the conference to experience traditional Native Hawaiian values. The values of aloha (to love, care for), mālama (to take care of), ‘imi‘ike (to seek knowledge), loko maika‘i (to share), laulima (many hands working together), kūkua (to help out), ‘ohana (family living) and olakino maika‘i (to be healthy) were incorporated into the cultural immersion experience.

Facilities on Kaho'olawe are limited. There is no electricity or running water. The camp consisted of a field kitchen, two portable toilets and traditional style hale hālāwai (meeting house) built by members of the ‘Ohana. All food, water, supplies, and camping gear were brought over by boat. The group was dropped off outside of the surfline and then stayed in the water waiting gear into shore. This required cooperation, as lines had to be formed in the water to enable an efficient system of passing all gear and supplies from one to another. This same assembly line system was employed at the airport, at the hotel, and getting on and off the buses and the boats. The group stood out from the other visitors because their “luggage” was all waterproofed in a triple layer of 3-millimeter black garbage bags sealed off with duct tape.

Before participants could set foot on the island, they had to chant a request for permission to land. Another chant was required upon leaving the island. The sun rising over Haleakalā was also greeted with a chant. There were times set aside for prayer and reflection. All meals were communal with everyone helping with cooking and cleaning.

Hikes were of varying lengths and difficulty, and cultural and archaeological sites were pointed out along the trails. No planting is done in August, so the groups’ ecological restoration work consisted of filling bags of mulch to be used as erosion dams. Of course, at the end of the day, after cleansing in the ocean, eating healthy meals, and opening everyone’s minds with stimulating lectures, it was time for kanikapila with mele (music) and hula.

The Curriculum
The three-day curriculum included traditional Native Hawaiian healers. Lectures were given by Richard K. Paglinawan, MSW, a master practitioner of Ho'oponopono, the traditional Hawaiian practice of conflict resolution, and Roland “Bula” Logan, a practitioner of Lomilomi (Hawaiian massage techniques) and Tā au la pa'au (Hawaiian herbal healing). Ethnobotanist Dr. Isabella Aiona Abbott, professor emeritus, talked about specific plants, their uses and preparation methods employed by herbal healers. Dr. Kekuni Blaisdell, professor of medicine and mentor to many of the phys-
cians in attendance, discussed the historical and cultural aspects of Kanaka Maoli health. The role of traditional diet in Native Hawaiian health was the topic of Dr. Claire Hughes’ lecture. Dr. Keri Ratima, Dr. David Rico and Mr. Ed Oshiro, MPH discussed culturally competent public health practices from a more global perspective. Specifically, they discussed their experiences in health care delivery for the Maori, Native American, as well as certain Asian and African populations. Dr. Nathan Wong talked about how culture affects the physician-patient relationship and the conference ended by sharing the lessons learned and recommendations for future action. At the start of the last session, Dr. Blaisdell reminded all of the physicians present of five key points to remember in the journey toward cultural competency:

1. Our Kānaka Maoli patients and their health needs come first.
   - We make this commitment to them by being here.

2. The term “doctor” means teacher. We need also to teach ourselves by listening to, and learning from, our patients, our colleagues and our students.

3. As western-trained kauka (doctors), our task is to bring the best of Western Science to the bedside. But we are also Kānaka Maoli, so we need to bring effective traditional Kānaka Maoli healing ways to our patients as well.

4. We need always to have fun no matter how hard the work. That is, we need to “play hard” as did our ancestors.

5. There must be a reason why we all are here at this special place and at this special time. As we learned at our briefing, Kaho’olawe chose us. We are here because of our ancestors. We have a responsibility from them to heal ourselves, our people, our nation and our descendants forever into the future. We have no other option.

In the review session, the physicians shared with each other what was learned about becoming more culturally competent and what the experience of the weekend meant to them. With regards to cultural competency, the themes that arose included: needing to be aware of one’s self and culture first, learning and supporting the role traditional medicine can play in physician practices, realizing the importance of networking and sharing experiences with each other, working to abolish the cultural stereotypes that exist in medical schools and communities, remembering that the ʻāina (land) can be a powerful teacher, being role models and teachers in their respective communities and families, becoming more involved in community issues and realizing that participating in this conference is only just a small step toward becoming culturally competent.

**Summary**

Overall, the evaluations of the conference were excellent and the speakers received high scores. Many participants were deeply moved and eager to share what they learned with colleagues and family. The negative comments centered on the large number of topics covered in a short time. Requests that the organizers decrease the number of speakers and increase the amount of time for discussion will be addressed in the planning of what will hopefully be another similar program next year. In summary, based on this experience, pairing a didactic curriculum with three days of immersion—that is, employing Hawaiian cultural values in daily living routines—promotes learning on several levels. Culture is learned, but also felt-physically, emotionally and spiritually. The result is a group of providers who are more culturally attuned to Hawaiian values and hopefully, better able to care for the needs of the Kānaka Maoli.

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**FIVE WAYS TO DIE ON THE GOLF COURSE:**

1. Hit by a golf ball.
2. Run over by a golf cart.
3. Whacked by a golf club.
4. Struck by lightning.
5. Forgot your hat.

Surprisingly, one million new cases of skin cancer are detected every year. One person an hour in the U.S. dies from melanoma, the deadliest form of skin cancer. If you spend a lot of time in the sun, you should protect yourself. One out of five Americans develops skin cancer during their lifetime. Don’t be one of them. Stay out of the midday sun. Cover up. Wear a hat. Seek shade. And use sunscreen. For more information on how to protect yourself from skin cancer, call 1-888-462-DERM or visit www.aad.org.