

# Water Authority, Social Services, and Parks Committee (2025-2027) on 2025-07-21 9:00 AM

Meeting Time: 07-21-25 09:00

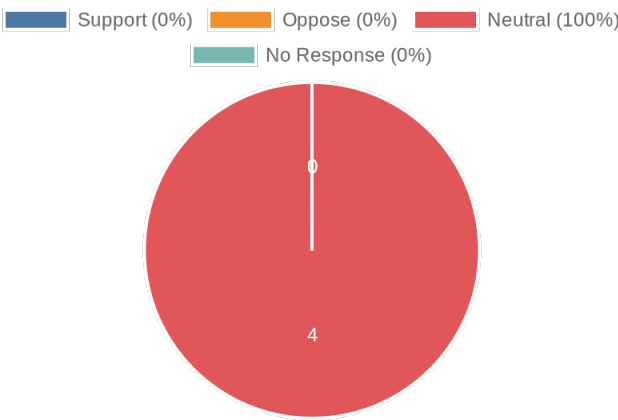
## eComments Report

Meetings	Meeting Time	Agenda Items	Comments	Support	Oppose	Neutral
Water Authority, Social Services, and Parks Committee (2025-2027) on 2025-07-21 9:00 AM	07-21-25 09:00	4	4	0	0	4

### Sentiments for All Meetings

The following graphs display sentiments for comments that have location data. Only locations of users who have commented will be shown.

#### Overall Sentiment

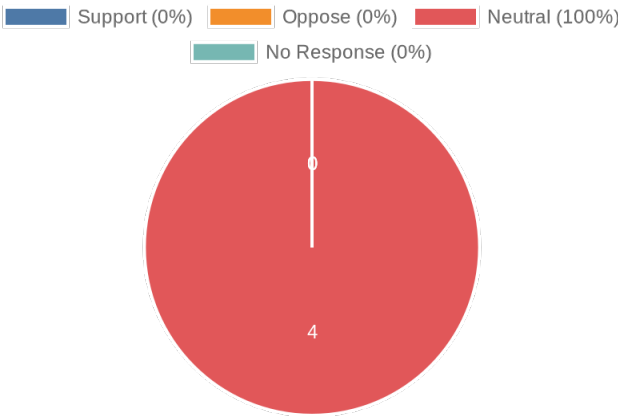


Agenda Name	Comments	Support	Oppose	Neutral
A G E N D A	1	0	0	1
WASSP-1(9) OVERVIEW ON HAWAII'S AGING NETWORK AND SUPPORT SERVICES (WASSP-1(9))	1	0	0	1
WASSP-1(10) UPDATE ON MAUI WILDFIRE EXPOSURE COHORT STUDY (WASSP-1(10))	1	0	0	1
WASSP-1(11) UPDATE ON IMMIGRANT SERVICES DIVISION'S PASSPORT SERVICES (WASSP-1(11))	1	0	0	1

Sentiments for All Agenda Items

The following graphs display sentiments for comments that have location data. Only locations of users who have commented will be shown.

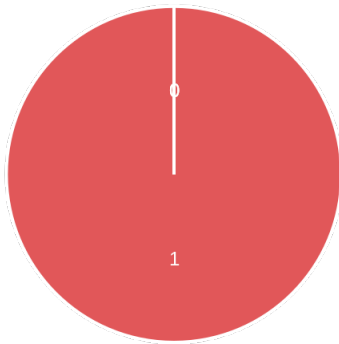
Overall Sentiment



## Agenda Item: eComments for A G E N D A

### Overall Sentiment

Support (0%) Oppose (0%) Neutral (100%)  
No Response (0%)



### Edward Codelia

Location:

Submitted At: 1:40pm 07-20-25

Honorable Committee Members,

Thank you for the opportunity to provide testimony regarding the University of Hawai\_i Economic Research Organization's (UHERO) recent report, \*From Crisis to Recovery: Health and Resilience Two Years After the Maui Wildfires.\* This report presents important data on mental health, housing instability, and healthcare access in the aftermath of the 2023 wildfires. However, it also raises significant concerns about data interpretation, methodological limitations, and potential biases that warrant careful scrutiny before shaping public policy.

#### \*\*Summary of Key Points:\*\*

- \* The report highlights ongoing mental health challenges, including elevated rates of depression and anxiety among adults and youth, along with housing insecurity and barriers to healthcare access, particularly in rural and Hispanic/Latino communities.
- \* Despite these critical issues, several findings appear overstated due to lack of pre-fire baseline data, absence of national comparisons, and sample bias stemming from voluntary participation that may overrepresent those already experiencing health problems.
- \* The implication of direct causation between wildfire exposure and chronic health conditions such as hypertension and lung impairment lacks adequate control for confounding variables like age, socioeconomic factors, and pre-existing illnesses.
- \* The study's funding sources include healthcare organizations that may have financial interests in framing wildfire recovery as an extended medical crisis, highlighting the need for cautious interpretation of recommendations.

**\*\*Recommendations for Committee Consideration:\*\***

- 1. **\*\*Prioritize Targeted, Evidence-Based Interventions:\*\*** Focus resources on culturally appropriate, school-based mental health programs and address housing stability as a fundamental public health priority.
- 2. **\*\*Ensure Transparency and Rigor:\*\*** Request an independent epidemiological review with clear baseline and national comparison data to validate the findings before allocating significant public funds.
- 3. **\*\*Address Disparities with Precision:\*\*** Direct outreach and services to underserved populations disproportionately impacted, including rural residents and minority communities.
- 4. **\*\*Avoid Overmedicalization:\*\*** Be vigilant against policies driven by institutional interests promoting expanded medical services without robust evidence of long-term wildfire-related health crises.

**\*\*Conclusion:\*\***

The UHERO report offers valuable preliminary insights but should not serve as the sole foundation for major policy decisions. I encourage this committee to adopt a cautious, data-driven approach that emphasizes transparency, community-specific needs, and sustainable recovery. By doing so, we can ensure that Maui’s healing honors both the truth and the wellbeing of all its residents.

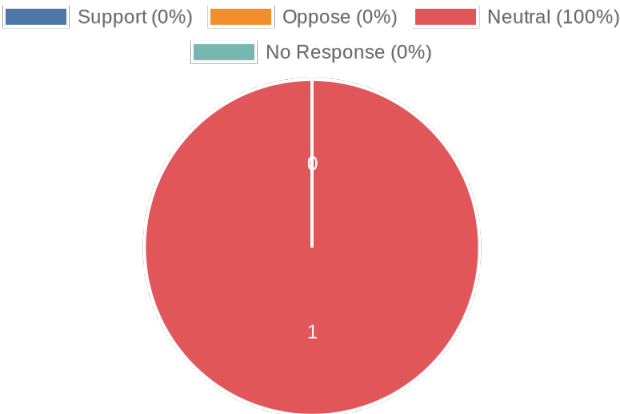
Mahalo for your thoughtful consideration.

Written testimony attached.

Edward Codelia

**Agenda Item: eComments for WASSP-1(9) OVERVIEW ON HAWAII'S AGING NETWORK AND SUPPORT SERVICES (WASSP-1(9))**

**Overall Sentiment**



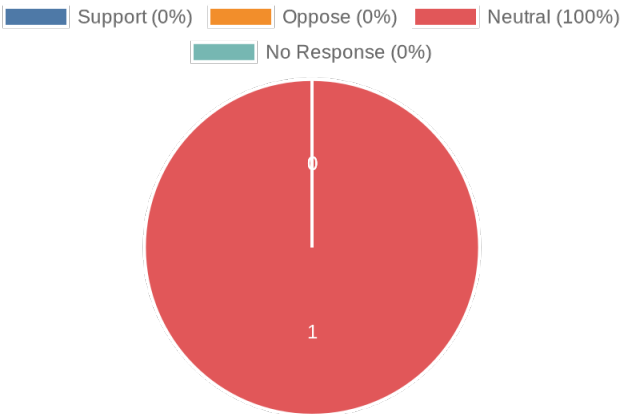
Edward Codelia

Location:  
Submitted At: 12:54pm 07-20-25

Maui’s kupuna are trapped in a crumbling system while politicians funnel millions to their friends’ non-profits. Seniors are living in facilities older than most of its staff, eating McDonald’s as daily meals, and dying in neglect—while the State brags about ‘meals served’ in glossy presentations. If condo owners are forced to raise maintenance fees for safety, why are we letting our elders live and die in conditions we wouldn’t accept for ourselves? Redirect the money. Fund Hale Makua, Roselani, and real care programs now—or admit the State values political favors more than the lives of Hawai\_’i’s kupuna. Written testimony attached.

Agenda Item: eComments for WASSP-1(10) UPDATE ON MAUI WILDFIRE EXPOSURE COHORT STUDY (WASSP-1(10))

Overall Sentiment

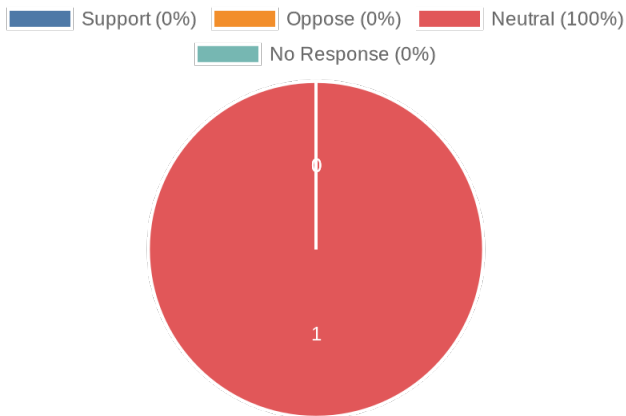


Edward Codelia

Location:  
Submitted At: 1:37pm 07-20-25

The path forward for Maui’s recovery demands more than well-meaning words—it requires steadfast leadership grounded in truth, accountability, and commitment to our \_\_ina and its people. Our community deserves policies that confront real challenges—housing instability, mental health needs, and cultural resilience—with clarity and precision.

## Overall Sentiment



### Edward Codelia

Location:

Submitted At: 2:24pm 07-20-25

To: Maui County Department of Human Concerns and Maui County Council, WASSP Committee

From: Edward Codelia, Maui Resident

Subject: Recommendations for Strengthening the Immigrant Services Division's Capacity and Outreach

Aloha Chair and Committee Members

The Immigrant Services Division (ISD) of the Department of Human Concerns plays a vital role in supporting Maui County's diverse immigrant communities. Its focus on culturally competent, non-legal navigation of immigration benefits and passport services is commendable. However, to better meet the needs of a growing and complex immigrant population, I respectfully submit the following recommendations for ISD's continued development and effectiveness.

#### 1. Reinstatement or Partnership for Legal Immigration Services

While ISD currently does not provide federally defined legal immigration services, this leaves a critical gap for residents needing direct application assistance and legal representation. I recommend the County explore partnerships with accredited legal service providers or nonprofit organizations to:

Establish regular legal clinics at ISD locations, offering limited-scope legal assistance.

Provide referrals supplemented with case management support to ensure continuity of care.

This partnership approach would leverage community resources without overextending County capacity.

#### 2. Expanded Outreach and Awareness Campaigns

Recent service expansions, such as on-site passport photo offerings, have not yet reached full community awareness. To ensure broad utilization, I urge ISD to:

- \* Implement targeted outreach through local ethnic media, social media platforms, and trusted community leaders.
- \* Develop multilingual promotional materials reflecting the languages spoken by Maui's immigrant populations.
- \* Host informational sessions and collaborate with local community centers and faith-based organizations.

Enhanced awareness will improve access, especially for vulnerable and isolated populations.

### 3. Multilingual Staffing and Educational Materials

Maui's immigrant communities include speakers of Tagalog, Ilocano, Spanish, Marshallese, and other languages. Expanding bilingual or multilingual staff and providing translated materials will:

- \* Increase service accessibility and trust.
- \* Reduce errors and miscommunication.
- \* Empower clients to navigate processes independently over time.

This investment in language capacity is fundamental to equitable service delivery.

### 4. Data Tracking and Client Feedback Mechanisms

To better understand community needs and improve service effectiveness, ISD should implement a robust data management system to track:

- \* Client demographics and service outcomes.
- \* Wait times and appointment follow-ups.
- \* Client satisfaction through surveys and feedback.

Data-driven insights will enable continuous improvement, targeted resource allocation, and stronger justification for future funding.

### 5. Pilot Mobile Passport Services

Mobile or satellite passport service units are an innovative way to reach underserved areas. I recommend ISD launch a pilot mobile service to:

- \* Assess community demand and logistical feasibility.
- \* Identify optimal locations and scheduling.
- \* Collect user feedback for refinement before broader implementation.

Mobile services will extend ISD's reach and reduce travel burdens on residents.

### Conclusion

The Immigrant Services Division provides essential services that support the integration and well-being of Maui's immigrant populations. Implementing these recommendations will strengthen ISD's capacity to serve the community equitably and effectively. I urge the Maui County Department of Human Concerns and County Council to prioritize funding, staffing, and strategic partnerships to ensure ISD continues to be a trusted, accessible resource for all residents.

Thank you for your consideration.

Respectfully submitted,  
Edward Codelia, Maui Resident

# Written Testimony on UHERO Report: “From Crisis to Recovery: Health and Resilience Two Years After the Maui Wildfires”

Prepared by Edward Codelia

Date: July 20, 2025

---

## Introduction

Chairperson, Honorable Council Members,

Thank you for the opportunity to provide testimony on the UHERO report titled “*From Crisis to Recovery: Health and Resilience Two Years After the Maui Wildfires*.” This report offers important insights into the ongoing health and social challenges faced by our community. However, as responsible policymakers, it is imperative to critically evaluate the credibility, context, and utility of this data before allocating public resources or shaping long-term recovery policies.

My testimony aims to highlight key strengths of the report, while underscoring its methodological limitations, potential biases, and areas where caution is warranted. I also offer recommendations for targeted, evidence-based policy measures that address the most urgent and verifiable needs of Maui’s wildfire-affected populations.

---

## Key Observations from the UHERO Report

- **Mental Health Concerns:** The report identifies a striking rise in depressive symptoms among adults (50%), moderate-to-severe anxiety (26%), and alarmingly high rates of severe depression (22%) and PTSD (45%) among children. These figures underscore mental health as a critical component of recovery.
  - **Healthcare Access Barriers:** Despite expanded insurance coverage, approximately one-third of adults still face difficulties accessing treatment, especially for chronic and respiratory conditions. Disparities are pronounced in rural and Hispanic/Latino communities.
  - **Housing Instability:** Nearly 41% of adults remain in temporary housing, with about a quarter expressing insecurity about their living situations, emphasizing the urgent need for stable, long-term housing solutions.
- 

## Critical Analysis and Limitations

While the report provides valuable preliminary data, several concerns merit careful consideration:



**1. Overstated Statistics Without Context:**

- Alarming percentages such as 4.2% suicidal ideation among adults, 25% with impaired lung function, and 40% of children with abnormal blood pressure are presented without critical baseline comparisons.
- For example, 4.2% equates to roughly 75 individuals in a sample of 1,800 adults—a serious concern, but not necessarily indicative of a widespread community crisis.
- Moreover, youth depression and anxiety rates nationally already range from 20-25%, suggesting that some mental health outcomes may reflect ongoing public health challenges predating the wildfires.

**2. Causation vs. Correlation:**

- The report implies direct causation of hypertension, lung impairment, and mental health issues from wildfire exposure without controlling for pre-existing conditions, aging, obesity, socioeconomic stressors, or long-standing disparities—particularly among Filipino and Hispanic/Latino residents.

**3. Sample and Selection Bias:**

- Participation was voluntary and based at health events, likely overrepresenting individuals with ongoing health complaints, while healthier evacuees and off-island residents are underrepresented.
- Generalizing these findings as representative of “Maui’s post-fire health landscape” risks misinforming policy priorities.

**4. Potential Funding and Institutional Bias:**

- The study is funded by healthcare organizations, including Kaiser Permanente and the Hawaii Community Foundation, which may financially benefit from emphasizing long-term medicalization of wildfire recovery.
- This conflict of interest necessitates a cautious interpretation of findings and policy recommendations.

---

## **Policy Recommendations for Maui County**

**1. Adopt Targeted, Culturally Sensitive Mental Health Interventions:**

- Prioritize school-based and community-specific programs that address youth mental health with cultural competence, avoiding broad, untargeted mental health spending.

**2. Address Housing Stability as a Public Health Priority:**

- Commit to long-term housing solutions, recognizing that secure housing directly affects health outcomes and community resilience.

**3. Focus Outreach and Resources on Vulnerable Populations:**

- Tailor healthcare access programs to underserved rural and Hispanic/Latino populations where barriers remain disproportionately high.

**4. Commission Independent Epidemiological Review:**

- Before committing significant funds, require an independent local epidemiological study that includes transparent pre-fire baseline data and national normative comparisons to validate UHERO’s findings.

**5. Guard Against Policy Capture by Institutional Interests:**

- Remain vigilant against recommendations influenced by funding entities that may benefit financially from expanded healthcare services, ensuring policies are evidence-driven, not interest-driven.

---

**Conclusion**

The UHERO report provides a valuable snapshot of mental health, healthcare access, and housing instability in the aftermath of the 2023 Maui wildfires. However, significant methodological limitations, lack of contextual baseline data, and potential conflicts of interest caution against using this report as a definitive basis for large-scale policy and funding decisions.

I urge this Council to adopt a measured, transparent, and evidence-based approach to recovery—prioritizing the most verifiable and urgent community needs through targeted interventions, independent assessments, and sustained commitment to housing stability.

Thank you for your consideration.

Edward Codelia, Maui Resident

# Policy Report: Systemic Failures and Urgent Needs in Senior Care on Maui and Moloka‘i

In Response to the Executive Office on Aging Presentation – July 18, 2025

Prepared for: Maui County Council, WASSP Committee, Hawai‘i State Department of Health, and State Legislators

---

## I. Executive Summary

The **Executive Office on Aging (EOA)** claims its mission is to “*optimize the health, safety, and independence of Hawai‘i’s older adults*” while ensuring “*independence, dignity, respect, and freedom from abuse and exploitation.*”

Yet the reality for **Maui** and **Moloka‘i** kupuna is the opposite:

- **Outdated, underfunded facilities**, including Hale Makua Wailuku (built in **1966**)
- **No comprehensive senior medical center** on Maui, and **no skilled nursing facility at all on Moloka‘i**
- **Nutritionally inadequate meals** in foster homes—sometimes fast food like McDonald’s
- **Staff shortages, low Medicaid reimbursement, and poor oversight**
- **No disaster evacuation or emergency medical plan for seniors**

The most polarizing truth:

**“Politicians mandate condo owners to raise fees for safety, yet they let our kupuna live out their final years in crumbling buildings, foster care facilities serving McDonald’s, all while funneling millions to their friends’ non-profits.”**

This report demands a **realignment of State and County funding priorities**—away from politically connected non-profits and toward **direct care facilities and programs that actually serve kupuna.**

---

## II. Misallocation of Funds

Despite statutory obligations under **HRS §349** and the **Older Americans Act**, the State and County continue to prioritize **non-profit contracts with vague outcomes** over critical elder care infrastructure. Kupuna—who built our communities—are left in aging, medically inadequate facilities while public dollars are diverted to programs that serve political interests more than seniors.

---

### III. Infrastructure Crisis

#### 1. Hale Makua Wailuku: A 1966 Relic

- At nearly **60 years old**, Hale Makua operates in a building older than most of its caregivers.
- Politicians justify **mandatory condo maintenance fee hikes** for buildings half this age, citing safety—yet refuse to provide **maintenance funding for a medical facility caring for fragile seniors**.
- **Roselani Place** is newer but struggles financially and cannot expand to meet demand.

#### 2. No Comprehensive Senior Medical Facility

- Maui lacks a **centralized care campus** for skilled nursing, dementia care, rehab, hospice, and long-term transitional housing.
- Molokaʻi has **no senior medical or skilled nursing facilities**, forcing kupuna to leave their island and families.

---

### IV. Nutrition Failures and Exploitation

Licensed foster homes and some small care facilities:

- **Serve fast food or processed frozen meals** as regular nutrition.
- **Refuse to provide special diets**, even when medically required, citing cost.
- Expand capacity “**to collect more Medicaid funds**” rather than improving care.

**Real-Life Example:** A diabetic kupuna was repeatedly served sugary, fried foods against medical advice. When family protested, the operator said, *“This is what we serve. If you don’t like it, move her.”*

This reflects a **profit-driven culture with little oversight**—made worse because **oversight agencies are underfunded while political allies’ non-profits receive generous grants**.

---

### V. Workforce Shortages

- **Low Medicaid reimbursements** do not cover Maui’s high cost of living.
- Caregiver and CNA shortages cause burnout, turnover, and declining quality of care.
- The State funds **workshops and non-profit initiatives** instead of **directly investing in training, wages, and staff housing**.

---

## VI. Social Isolation and Mental Decline

Despite the EOA's stated priority to combat social isolation:

- Many seniors are **confined to their rooms for most of the day**.
- **Adult Day Care programs are full**, and transportation is unreliable.

Proper funding could address this, but again, **political favorites are prioritized over programs that directly impact kupuna**.

---

## VII. No Emergency or Disaster Protocols

The **Lāhainā fire** exposed the lack of any plan to:

- Evacuate seniors in nursing or foster care homes.
- Provide backup oxygen, medications, or power during disasters.

Kupuna remain one major disaster away from another humanitarian crisis.

---

## VIII. Policy Recommendations

### ✓ 1. Redirect Funding to Direct Care Facilities

- **Stop funneling millions to politically connected non-profits** with minimal measurable outcomes.
- Dedicate **annual State and County appropriations** for maintenance, equipment, and staff support at **Hale Makua, Roselani, and foster care facilities**.

### ✓ 2. Build a Maui Senior Health & Wellness Center

- A fully state-funded medical campus integrating:
  - Skilled nursing, rehab, and hospice
  - Memory care and adult day health
  - On-site medical clinics, dietary and recreation services

### ✓ 3. Mandate Nutrition Standards

- Require **medically appropriate diets, registered dietitian oversight, and surprise audits.**
- Ban fast food as a regular meal standard in licensed care facilities.

#### ✓ 4. Increase Medicaid Reimbursement Rates

- Adjust for **Maui's cost of living and specialized diet needs.**

#### ✓ 5. Workforce Development

- Fund **CNA and geriatric care training** at UH Maui.
- Provide **housing incentives and tuition forgiveness** for medical staff.

#### ✓ 6. Strengthen Oversight & Abuse Prevention

- Expand **Adult Protective Services staffing** and require **transparent complaint reporting.**

#### ✓ 7. Disaster Preparedness

- Mandate **annual evacuation drills, emergency supplies, and backup power** for all senior facilities.

---

## IX. Conclusion

Hawai'i's kupuna are being neglected in plain sight. While politicians reward their allies with lucrative non-profit contracts, seniors are:

- **Living in buildings from 1966 with failing infrastructure**
- **Eating nutritionally inadequate meals, sometimes fast food**
- **Enduring social isolation, caregiver shortages, and poor medical oversight**

If condo owners are required to raise fees for safety, **kupuna deserve no less than full State and County investment in safe, modern, and dignified care.**

**Redirect the funds. Invest in kupuna. Anything less is a moral failure.**

**Edward Codelia, Maui Resident**