

**HANA ADVISORY COMMITTEE TO THE
MAUI PLANNING COMMISSION
REGULAR MEETING
APRIL 21, 2005**

A. CALL TO ORDER

The regular meeting of the Hana Advisory Committee (Committee) was called to order by Clayton Yoshida, Administrator, Current Planning Division, Maui County Department of Planning, at 4:15 p.m., Thursday, April 21, 2005, Helene Hall, Keawe Place, Hana Bay, Hana, Island of Maui.

A quorum of the Committee was present. (See Record of Attendance.)

Mr. Clayton Yoshida: Members of the Hana Advisory Committee, we'd like to call this meeting to order. Let the record show that we have a quorum of Francine Tolentino, Fawn Helekahi-Burns, Kauai Kanakaole, Mavis Oliveira-Medeiros, and Melissa Mauliola.

B. INTRODUCTION OF NEW MEMBER - MELISSA MAULIOLA

Mr. Yoshida: Again, we'd like to welcome Melissa, she's a new member on the Hana Advisory Committee, recently appointed, and the other member on the Hana Advisory Committee, John Romaine, is out of state and will not be able to attend today's meeting. First order of business is election of your leadership for the 2005-2006 year so, at this time, I'd like to open up the floor for nominations for Chairperson of the Hana Advisory Committee for the 2005-2006 year.

C. ELECTION OF CHAIRPERSON AND VICE-CHAIRPERSON FOR 2005-2006 YEAR

Ms. Mavis Oliveira-Medeiros: I'd like to nominate Kauai Kanakaole to be our Chairman.

Ms. Francine Tolentino: I second.

Mr. Yoshida: Kauai Kanakaole has been nominated as Chairperson. Any other nominations? With that, we'd like to close nominations. Oh, any other nominations? Oh, we'll close nominations.

It has been nominated by Ms. Oliveira-Medeiros, seconded by Ms. Tolentino, then unanimously

VOTED: that Committee Member Kau`i Kanakaole serve as Chairperson for the 2005-2006 year.

Ms. Yoshida: Congratulations, Kau, you're the Chairperson of the Hana Advisory Committee for the 2005-2006 year. Now, I guess your first duty is to conduct the election of the Vice-Chairperson.

Ms. Kau Kanakaole: Okay, any nominations for Vice-Chair?

Ms. Oliveira-Medeiros: I wanna nominate Fawn Helekahi-Burns for Vice-Chair.

Ms. Kanakaole: Is there a second?

Ms. Tolentino: Second.

Ms. Kanakaole: Any discussion? Any other nominations? Okay, nominations are closed.

It has been nominated by Ms. Oliveira-Medeiros, seconded by Ms. Tolentino, then unanimously

VOTED: that Committee Member Fawn Helekahi-Burns serve as Vice-Chairperson for the 2005-2006 year.

Ms. Kanakaole: Okay, Fawn is the Vice-Chair for the 2005-2006, yeah? One year? Okay. Okay, next.

Mr. James Giroux: You can ask the staff to read the next item on the agenda. That would be Joe.

Ms. Kanakaole: Oh, Joe, can you read the next item on the agenda?

Mr. Giroux: Oh, wait, approval of minutes. I'm sorry. Sorry.

Ms. Kanakaole: Oh, okay.

Mr. Yoshida: I guess the next item is the approval of minutes.

D. APPROVAL OF MINUTES OF THE MARCH 10, 2005 MEETING

Ms. Kanakaole: Approval of minutes, sorry. Do we have a nomination to approve the minutes or is there any discussion on the minutes from the last meeting? Do we have a nomination to approve the minutes? Motion to approve the minutes?

Ms. Tolentino: I make a motion to approve the minutes.

Ms. Kanakaole: Do I have a second?

Ms. Oliveira-Medeiros: I'll second.

Ms. Kanakaole: Okay, any discussion?

There being no discussion, the motion was put to a vote.

It has been moved by Ms. Tolentino, seconded by Ms. Oliveira-Medeiros, then unanimously

VOTED: to approve the minutes of the March 10, 2005 meeting.

Ms. Kanakaole: The minutes are approved. Okay, now, Joe, can you read the next agenda item?

E. UNFINISHED BUSINESS

- 1. HANA COMMUNITY HEALTH CENTER, INC. requesting a State Land Use District Boundary Reclassification from State Agricultural District and Rural District to State Urban District, and a Change in Zoning from the Interim District to the P-1 Public/Quasi-Public District for the Hana Community Health and Wellness Village at 4590 Hana Highway, TMK: 1-4-003:022 and 024, Hana, Island of Maui. (DBA 2003/0003) (CIZ 2003/0004) (J. Alueta) (Public hearing was conducted on March 10, 2005)**

Mr. Joe Alueta: Let's see, your next agenda item is Unfinished Business. This is for the Hana Community Health Center and they're requesting State land use district boundary reclassification from State agricultural district and rural district to the State urban district, and a change in zoning from the interim district to the P-1 public/quasi-public district for the

Hana Community Health and Wellness Center at 4590 Hana Highway, that involved two TMK's, TMK 1-4-003:022 and 024.

And, at your last meeting, which was on March 10, 2005, the Hana Advisory Committee did hold a public hearing on the item. You did vote, after a long evening, you did vote to defer action on the above items to today's date, April 21. The Committee asked for the following items prior to the meeting, prior to today's meeting, which was, one, copies of all testimony remitted by the public. At that time, because of the volume of copies that were -- volume of testimony that had come in, we had not had the time to make copies prior to that meeting, and we had just circulated it, and the board felt that they needed to get their own copy so they can read -- have more time to read them; hopefully, you have received it in the last mailout and had time to review those letters. Since that time, we did -- yesterday I received two emails from -- and I was able to make copies of those and remit them. There was also a request by your Chairperson on several questions that had been posed to her and, I guess, other members and those were also sent to me yesterday, so we'll try -- I'll try to get to those later. Additional information on what the certificate need or what a certificate of need is from the Department of Health. I did send a transmittal -- I did transmit a letter to Department of Health with regards to the item asking them three questions. Those questions that I asked them was: what is a certificate of need? When is one required? And is one required for the Hana Community Health Center? I have not received any comments on that. I believe Mr. Yoshida has talked to Department of Health on the phone and he'll -- none -- I guess we did ask for someone to come, I'm not sure if anyone's coming, but you also asked for copies of the feasibility studies done for the project. In your packet, you did receive a letter from the applicant, all this -- the requests were sent to the applicant to address at least the feasibility study, and we took care of the other three items that you guys voted on to defer. I believe the applicant sent a letter explaining their rationale or why they're not providing it to you as far being proprietary information. But, at this time, I'll turn it over to Mr. Yoshida to explain what his conversation was with Department of Health.

Mr. Yoshida: In response to the request letter, which the Department wrote to the Department of Health, Maui District Office, concerning a certificate of need, I called Herbert Matsubayashi, he's the Chief Sanitarian with the Maui District Office, he referred me to Mr. Daryl Shudder, who's the Administrator for the State Health Planning and Development Agency, or SHPDA, their office, their agency administers certificate of needs. He did refer me to Chapter 323D of the Hawaii Revised Statutes regarding a certificate of need. I asked him, in this particular case, for the Hana Medical Center relative to the district boundary amendment and the zoning change before them as to whether a certificate of need is needed at this time. He said, "No. Probably they would review it relative to any building permit application that would come in." But then he did state that in the State statute, you know, there are certain exceptions from having to get a certificate of need, and that's, basically, which are listed in Chapter 323D-54 of the Hawaii Revised Statutes, and I guess

that was the response from Mr. Shudder from the State Health Planning and Development Agency.

Ms. Fawn Sherie Helekahi-Burns: So, basically, they haven't given an answer yet and they don't know when, in the process, they would need a certificate of need if they do need one?

Mr. Yoshida: They would say they would probably review it before any building permit is issued. They said not at this time with the district boundary amendment or the zoning change.

Ms. Kanakaole: Any other questions?

Mr. Alueta: I'm just going to try to go through some of the questions that was faxed over to the Planning Department. Like I said, we didn't have a lot of time to try -- I was not able to contact anyone from Department of Real Property Tax. I guess there was a question regarding the tax rates or at least -- or and try to get someone here. I guess it was like why the need for urban, is it -- and I'm not sure if I'm -- is it for overnight -- no, the question is, no, because the use that is being proposed is an urban type use and, therefore, you need to have an urban designation, technically, the existing hospital needs to be, I mean the existing Hana Community Health Center is an urban use and needs to be zoned, should be zoned for the urban and that's why on your Community Plan they had designated that area for public/quasi-public and this is, you know, the implementation of it. But, also, within the last Hana Community Plan round, there was an expansion or additional lands added, apparently, that's my understanding and so for the continued viability and, I guess as indicated by Mr. Blumer-Buell and his letter from Mr. Furman that was circulated in the packet, there's some contention that part of that three acres of that land that was given was supposed to be toward kupuna housing or some kind of housing and that -- but at the time during the Hana Advisory Committee, when it went to Maui Planning Commission and to the Council, it was never broken out and it was never to allow for more of a mixture rather than have part of the project being zoned public/quasi-public and part of it being zoned State Residential for housing, they felt it was just easier to do it all public/quasi-public that way if it's going to be some kind of subsidized or government housing, they would allow for flexibility of the housing within the overall ten acres to allow for expansion so they could move the housing and flexible design plan. But urban designation is the appropriate zoning and it's for -- because that's the use that's being there now and that's what the use that's being proposed now is it continues to be an urban type of use. So, like I said, I can't answer anything else on the -- as far as tax rates and I was not able to get anyone here.

Back, I guess, Clayton answered as best he could as far as his conversation with SHPDA and the legalities.

I'm not sure what the question is on the public swimming pool already planned and the Hana Ranch Senior Housing already planned. I'm not sure what was your question.

Ms. Oliveira-Medeiros: I think somebody had mentioned that those things were going to happen already so why do we need to build more, but I don't know. Is there a plan to build a swimming pool?

Ms. Pat Villiorimo Cockett: The plans for a public swimming pool are on the original plans for the public school. It's supposed to be behind the gym, which is a public community gym. And when it's going to happen? When the County gives us some money to do it. But we are hoping that this eventually will happen and the kids have come to many County meetings to try and request for this public pool so we do not want to see it not happen for Hana School. My name is Pat Villiorimo Cockett. I am a teacher at Hana School.

Mr. Alueta: And, ma'am, just for -- you're saying the County, not the State?

Ms. Cockett: Either/or. The County -- both.

Mr. Alueta: Okay. Yeah, just for clarification, Department of Education is under the State, not the County so just -- and I don't have any ideas on the other ones. I have not heard anything as far as -- I do know, the only thing I do know about MCC is that they are planning education regarding skybridge, the expansion of skybridge, and that tends to be more for MCC. I'm not sure if they're planning nutrition or preventive medicines or preventive healthcare so I think -- which is what I thought what the Hana medical wellness facility was more geared toward and emphasis on.

Ms. Oliveira-Medeiros: I think they were talking more about nursing and --

Mr. Alueta: Okay.

Ms. Oliveira-Medeiros: There might classes on nutrition but I'm not sure.

Mr. Alueta: Okay. So they're planning on skybridge nursing classes?

Ms. Oliveira-Medeiros: There is already.

Mr. Alueta: Oh, okay. I did turn these questions over to the applicant so they may, when they update you on their response to the last public hearing, they might be able to answer some of these other questions with regards to malpractice insurance and what it is that makes it so hard to upgrade services or add more. Is that to the existing facility?

Ms. Oliveira-Medeiros: And I sent these questions on April 8, I mean I gave it to Kauai. I thought that that was what we were supposed to do.

Mr. Alueta: Okay.

Ms. Kanakaole: I just faxed it yesterday. For the record.

Mr. Alueta: Thank you. Let's see, and then -- and I guess Kauai had a question, Chairperson, regarding certificate of need and, like I said, Clayton explained that he tried to get someone to -- I mean when it's going to happen, apparently, it's during the building permit phase, and that's pretty much all staff has. I believe in your packet you were given some information so, from the applicant, and if you have any or if you have any other questions of staff at this time.

Ms. Oliveira-Medeiros: I didn't hear what you said about why it's so hard to upgrade the services or how much malpractice insurance would be? That was one question I heard over and over at the last meeting so I thought that was kinda important for the community to hear the answers.

Mr. Alueta: Okay, I'll leave that to the applicant, I mean we're not in that expertise of -- and we were not able to go out and get medical insurance or talk to any doctors at the time, I mean just a little short notice, but we'll try and -- you wanna have the, Chairperson, do you wanna have the applicant do a presentation or it's up to your --

Ms. Kanakaole: Are there anymore questions for Joe?

Ms. Melissa Mauliola: I have a question. When you checked with the real property tax, I know you didn't get anyone to come or you didn't get any answers, but were you checking on behalf of the Hana Health Community Center or were you checking on behalf of the surrounding properties of how it would affect their taxes, property tax?

Mr. Alueta: I guess the question that was asked was specifically about the Hana Community Health Center, however, we were asked, I mean, during the meeting, it did come up several times, if you change this area to an urban designation, how does that impact, and so once we get in touch with them, we'll pretty much ask both questions on what, you know, is this going to change anything, but, yeah.

Ms. Mauliola: Okay, thank you.

Ms. Kanakaole: Okay, the applicant can -- anymore questions?

Mr. Mich Hirano: Good afternoon, Chair Kanakaole and Committee members. My name is Mich Hirano and I'm with Munekiyo & Hiraga, we're planning consultants on Maui, and we're representing the applicant this afternoon, the Hana Community Health Center. I would just like to say that, at the last meeting before the Hana Advisory Committee on March 10, we presented the conceptual development plans for the Hana Community Health and Wellness Village. Based on comments received at that meeting by the public, the Hana Community Health Center board has made some modifications to the development plans, which addresses some of the concerns that were raised at that public meeting, and I would like to go over the plans for the Committee members and the public to point out the modifications that have been made to the development plans, and I have to apologize for having my back turned to the public audience, but this, I'll just move this up, and this was the original modified development plan. There was the expansion to the existing health center; as you recall, there was a gift and reception area on the northern portion of the site to the entrance of the new development and the driveway; there was kupuna housing, ten housing units were proposed, I'm sorry, nine housing units were proposed for the kupuna housing; the nutrition center was proposed; this was the conference center; administration facilities; the wellness healing area; there was a fitness pool; fitness area; fitness center; 20 wellness cottages for people who were engaged in programs at the health center were proposed; this area, to the far northwestern portion of the site, was for employee housing and two maintenance facilities.

The plans were then modified after that last public meeting. There were concerns raised and expressed regarding the gift shop and administration center, so that area has been eliminated from the current plans. The health center building itself has remained the same in terms of the plans that were proposed last -- at the last meeting, and that would be approximately a 5500 square foot expansion to the existing health center facilities to bring the total area of the new health -- the new renovated health center building to approximately 10,000 square feet.

As you can see that additional units, five additional units, have been identified for the expansion of the kupuna housing. I think at the last meeting there was public comments saying that there wasn't enough kupuna housing put forward in the last proposal. The Hana Community Health board had reviewed that, taken that information, and had then expanded the kupuna housing to include a total of 14 units.

The nutrition center has been modified somewhat. The basic program area of the nutrition center has not changed but there have been some changes made to just the exterior outside sort of dining development areas, and this was a comfort station, restrooms that were proposed; those parts of the plan have been eliminated.

The conference center, as it originally was proposed, was a center for approximately 102 participants with 102 seating capacity, and the conference center was used for, again, long

distance training and educational facilities and support facilities for the health center and the programs that were being proposed. One of the features that has been a difficulty in retaining expertise and qualified help in Hana is the lack of training facilities, the lack of being able to upgrade and to have professional development, you know, on the job training and professional development at -- in Hana, so this conference center was to develop a telecommunication ability so that there can be long distance professional development taken for the residents, for the resident practitioners, professionals, and technical support staff at the Hana Community Health Center. And these were the administrative offices. So, in the new plan, that area has been reduced considerably. The two buildings have been kind of pulled together and integrated so that the technology conference center capabilities have been reduced to a capacity of 48 persons and the administrative offices were about 5,000 square feet and they're still about the same, that hasn't been reduced because the administrative functions were really based on the need for the support for the expanded health center, so that area was not modified or reduced.

This was the modified proposal for the wellness, the traditional healing center where they had pods for outdoor lomi lomi massage therapy, traditional healing practices, and consultation rooms, and that area then has been modified somewhat from -- to have it a more enclosed building, so we're trying to reduce the area as well as some of the cost for these particular facilities.

With respect to the fitness center, the fitness pool, and the workout rooms, again, that area has been reduced considerably from, you know, from about 10,000 square feet and 5,000 square feet to a total of about 9,000, so about 5,000 square feet has been reduced from those particular areas. The therapy pool is still incorporated in the plans because the therapy aspect of this pool was considered to still be a very important function of what -- of the programs that were being offered at the fitness center and the health center.

This area that is in a upper area of the site had been designated for the wellness cottages and 20 cottages were proposed for participants in the program; that area has been reduced as well in the modified plans. There are now 5 duplex units that are being proposed and 1 single unit being proposed. So from 20 buildings, the structures have been reduced considerably to 6 buildings that will be developed for the wellness participants. So the board felt that the ability to have onsite intensive program sort of facilities where participants can be on site and stay on site for the program was still a vital component to the delivery of the preventative services that were being offered but I think that being sensitive to the comments that were made at the last particular meeting, they've certainly reduced the numbers of those so that it can't be construed that this is a rental accommodation facility but more very much tied to the provision of the preventative services and health services and programs that are being offered and will be offered at the proposed health and wellness village.

The, you know, there is a tremendous need for housing and for employee housing so the facilities for the employee housing have not been changed. They have five units of employee housing or employee accommodations that are still proposed at the northern -- northwestern portion of the site.

I think another significant modification that was made to the plans were to bring in, again, back -- reincorporate the garden areas that are presently onsite now, and these areas that are in between the buildings are back in the plans for the traditional gardens, the native gardens as well as the medicinal plants and the ...(inaudible)... that have been grown on site. So those areas have been incorporated back, this large area in this portion of the site is set out and set aside for the gardens as well as this area in the northwestern portion of the site.

Now I believe that the modified plans do respond to the concerns that were raised at the last meeting, you know, and I think that as a result of the public hearing, as a result of the community input, a positive outcome to the public hearing and the public review process has been achieved by the modified plans.

The other additional information requested for this meeting were the feasibility studies and business plans for the health and wellness village, and we have provided the Committee members with letters from the consultants who had prepared the business plan for their health -- for the nutrition center, that was StarrMark Brand and Strategy Corporation, they did the feasibility study for the nutritional -- the nutrition center, the nutrition and training center, as well as the business plan for that particular facility, and Jim Burns Consulting had done the feasibility study for the overall wellness village concept, and we provided a letter to -- from those consultants just verifying that their assessment of the proposed project has been determined that the wellness village that has been proposed is a viable project and the, as I said, the result of these studies, the Hana advisory board or the Hana Community Health Center Board feels is confidential, that it's proprietary information, however, I think the letters from the consultants that had performed the assessment on the feasibility and the viability of the project and the business plans confirms that they are viable, so any question mark about the viability, I think, would be addressed by those letters. I would also like to mention that in the application process that the Hana Community Health Center Board will be going through, as each of these components become closer to realization is -- and is that they will be preparing individual business plans for each component of the facility that will be developed. They will also be preparing more updated feasibility studies of that particular part of their plans and proposal, and any funding agency that would provide funds for this development or for a particular component of this development, would look at those feasibility studies and based their decisions on the viability of each component and, you know, this is a long-term plan, a long-term project that would take up to eight years to develop and, you know, the economics may change and so it's always a need to update and keep your business plan viable, keep it updated and responsive to the market

trends, the cost trends, and the needs of the community and, as well, the needs in the particular criteria for the funding agencies, so I think that's an ongoing process.

With respect to just the comment that was raised this afternoon about the cost of liability insurance or malpractice insurance, I asked Cheryl Vasconcellos about that and, to answer your particular question, the malpractice insurance cost for the deliver of baby services for the Hana Community Health Center is approximately \$52,000 per year and that breaks down to approximately \$3,200 per birth in terms of, you know, the cost for the insurance.

I think, as I mentioned, the plans have been modified to respond to community concerns. I think that that's part of the process that the plans have been kind of under review for quite a long time. We went through a public review process during the environmental assessment, which was done at the last year and was completed sometime in October, November of this year or, sorry, of 2004, and during that time, we modified the plans based on input from the community and comments that were received. We came before the Hana Advisory Board on March 10. There was a public hearing. There were comments that were made about the project. The Hana Community Health Board had then taken those comments to heart, had instructed the architect and had instructed our firm to revise the plan so that we are responsive and responding to those concerns that were raised, and the result of that is the plan that is being presented before you today for approval.

So just to recap, the application is the existing Hana Community Health Center is a two-acre parcel, Parcel 24 at this particular piece; Parcel 22 is this larger parcel, 10 acres in size. The district boundary for rural and agriculture kinda runs through -- is a line that runs through this area and the application is to change the boundary designation, the land use designation from rural and agriculture to urban because to allow the proposed use, but not only to allow the proposed use, but really to allow the existing use as well to portions of the site. This site is the existing Hana Community Health Center. There are trailers located to the west of the site, which is on the agricultural designated lands, tents, open tents on that land, and those tents and trailers are used for the health service provision of the health services offered through the Hana Community Health Center. There's massage therapy; there's counseling therapy; counseling; there's open area exercise rooms; nutrition training; preventative education programs that are going on, so it's not only to allow the change, to allow the uses that are proposed in this plan, but as well to allow the existing uses. The change in zoning is to change the area from agriculture and -- from agriculture County zoning to public/quasi-public, and so that's the application before you today, so thank you.

With me today, Cheryl Vasconcellos is the Executive Director of the Hana Community Health Center, she's here this evening to answer any questions, and Richard Miyabara is the architect from GYA Architect, and if there are any details that need to be responded to with respect to architectural plans, Richard is here, so thank you very much for your attention.

Ms. Kanakaole: Okay, we'll open it up to the public for testimony. Oh, no one signed up first. Just state your name and you have three minutes.

Mr. John Blumer-Buell: Aloha members of the Advisory Committee, and mahalo, Melissa, for volunteering. I've got a three-page letter here and rather than thank everybody, I'm just going to go right into it. I request the Hana Advisory Committee to the Maui Planning Commission to adopt the following recommendations and finding of facts: One, recommendation one, that the Hana Advisory Committee to Maui Planning Commission recommends denial of the request by the Hana Community Health Center to reclassify 12.106 acres from ag and rural to urban, and to change the zoning from interim to public/quasi-public. Now, at the last hearing, there was a question about how many people were really testifying against the zoning and so, I don't know where Lehua Cosma is, but this is a petition signed by members of the Hana community, over 200 signatures specifically asking you to deny this request, and there's a lot of I think very esteem people that have signed this petition, over 200 people against the zoning and asking you to recommend that the Hana Community Health Center Board re-establish the community membership and a community membership elected board immediately to fulfill the need and promise for the democratic community participation in planning the future of the Hana Community Health Center. More than 200 people.

Okay, I've got some five recommendations and you're welcome to adopt all of them. I have findings of fact, a through f, you're welcome to adopt any or all of them.

Findings of fact: a. The applicant does not have permission from the State Land Board to request the proposed reclassification and change in zoning. The State gave the Hana Community Health Center only "authority to apply to the County of Maui's Land Use and Codes Administration for a consolidation of the two parcels." That quote is from a December 18, 2002 letter from the Department of Land and Natural Resources. Consolidation of two lots is legally quite different from reclassification and change of zoning.

Second finding of fact. The applicant does not have permission from the State Land Board to make the proposed improvements. State Lease No. S-5548 states, under 8, "Improvements. The lessee shall not at any time during the term construct, place, maintain, or install on the premises any building, structure, or improvement of any kind and description except with the prior written approval of the board." The State Land Board may not even be aware of the proposed scope of improvements. The applicant states, "Upon the granting of all necessary permits by the County of Maui and the Maui Planning Commission, the applicant will be requesting Board approval for the proposed improvements." It is not logical, honest, legal, or financially responsible to seek permission from the State board, Land Board after rather than before the subject application.

I'll come back, unless you give me permission to go ahead now. I'll come back for the next round.

Ms. Kanakaole: Yeah, can you come back?

Mr. Blumer-Buell: Thank you.

Ms. Kathleen Street: My name is Kathleen Street. I humbly request that you do not approve the zoning change requested by the Hana Community Health Center. The confusion in this project can be expressed in a simple question: What is this project? In the Hawaii Revised Statutes, regarding a certificate of need application, it clearly states that no person, public or private, nonprofit or for-profit, shall substantially modify or increase the scope or type of health service rendered unless a certificate of need, therefore, has been issued by the State agency. A CON is not needed if this is a non-medical project. When the health and wellness village was presented at the last meeting, it was stated by the executive director that a CON was not needed or that it could be fast-tracked through the system. There is no fast-track. If Ms. Vasconcellos and the board of HCHC deems that a CON is not needed, then they are developing something other than improvements to our medical services.

How will this village exist? Money has to be collected from someone. Will your insurance pay for treatment or will these services be paid for out of your pocket? If this is a medical facility, the Office of Health Care Assurance will become involved. OHCA develops licensing rules and standards of care as well as monitoring of medical reimbursement. The village project will be able to collect insurance payment if it offers medical treatment and services. The refusal of the HCHC to share with the community its financial and business plan leaves me wondering if we are seeing the whole picture. Panel members and members of the Hana community, is this a village, a spa, or a medical facility? We must remain diligent.

If this village project is approved, the lease agreement between the State of Hawaii Department of Land and Natural Resources and Hana Community Health Center will have to be revisited because the present agreement, under Section 9, is not applicable. The Board of DLNR has given their approval to the Environmental Assessment that has been submitted, not the building of the village. If this village gains approval from the Planning Commission, then it will have to be presented to the Board of DLNR. We will have another opportunity to voice our opinions at that time. Further, the lease agreement states that the premises leased are to be used solely for health care services to the Hana community.

An Environmental Impact Statement needs to be provided to the community of Hana. Some of the specific issues that need to be addressed in the EIS include: what is the impact of the build out on the adjoining properties in the Kawaipapa area in all directions

with regards to increases in property taxes, erosion runoff, and traffic? What is the impact of the build out on the existing sewage containment system? What is the impact of the build out on the existing traffic pattern and is a stop light needed? Does the driveway need to be reconstructed because it is on a hill? How does the development impact the proposed development of low-income housing by Hana Ranch? If this project was well thought out and had been formulated with input from all community members who attended open meetings to gather information, we would not be at this crossroads. The Board of HCHC has not done their homework because they have neglected to look at this as a community project. The lack of expertise of the HCHC Board in the development of such a massive project is clearly visible. Approval for the zoning change should not be given. Thank you.

Mr. Doug Chang: Aloha mai ladies of the Hana Advisory Committee. I come to you with humility as a non-kamaaina to Hana. I come to you with respect for the HAC board and the staff. You have an incredible job in front of you. I am General Manager, Doug Chang, of the Hotel Hana Maui and I come to you with kuleana for the livelihood of 280 employees and their families. I wish to read to you a letter written by Mr. Peter Hinemann, Managing Partner of the Ownership Group.

You are faced with a difficult decision this evening. The application before you is a request by HCHC for a zoning change for two parcels of rural and agricultural to public/quasi-public. If granted, the requested zoning change will have a major and permanent impact on Hana. This hearing is not a referendum on HCHC's political history or whether HCHC does a good job in providing health care services. We all recognize that Hana needs more health care services than it presently has. This hearing is about zoning and proper land use. Hana's desperate need for more health care services should not be the ...(inaudible)... path in making bad zoning and bad land use decisions. There is a danger in making rezoning decisions based on the need for health care services rather than on what kind of development at a particular location makes sense in the context of preserving the rural character of Hana.

The proposed Hana Community Health and Wellness Village will fundamentally and forever change the landscape of Hana. The new proposal is still for a very high density development. Because the site is at the gateway to Hana, this project will be highly visible from the Hana Highway and will destroy the rural character of Hana. I appreciate that HCHC has presented a smaller project than its original 85,000 square foot proposal. HCHC has made an effort to be responsive to some of the concerns raised by the community, namely to increase kupuna housing and the reduction of other facilities. Unfortunately, it's a little too late, neither the Hana Advisory Committee nor the community has had the opportunity to review this new plan. I urge you not to approve until the plan has been reviewed by everybody and we've all had a time to study and comment on it. Please bear in mind that the requested zoning change does not limit HCHC to building only

its revised plan. If granted, the zoning change will allow for HCHC to build anything that is permitted within a public/quasi-public zoning. Without imposing conditions on the rezoning, nothing would preclude HCHC or anyone from seeking building permits, in the future, for any size development. In other words, you're not voting on the plan tonight, instead you're voting on a zoning change that, in the future, could allow up to 85,000 square feet of more development. To give you a sense of what that looks like, the current Macy's, with the inclusion of the old Liberty House and the old JC Penney, is about 84,000 square feet. Imagine that at the gateway to Hana. It's the size of 8 Hana Village Marketplaces. At the risk of going too far, the Hana Marketplace was built by well intention Hana residents that had a dream, but the project failed in its execution and Hana is now left with an urban eyesore in our landscape. Can we afford to take the same risk here?

The Maui Planning Department and HCHC both state that the rezoning from rural and agricultural to public/quasi-public is consistent with the Hana Community Plan, which was adopted more than ten years ago. It is probably not -- was not in their intention that a project this large would be considered if the land was rezoned. HCHC or anyone for that matter is not entitled to rezoning simply because the Hana Community Plan considered the possibility of a public/quasi-public zoning. Just because rezoning may be permissible under the Hana Community Plan does not mean you're obligated to grant rezoning. The zoning change that would permit a massive urban development should not be taken lightly. I urge you to either vote no and reject the request for rezoning, or vote to once again defer this hearing so that all concerned parties may have an opportunity to review and comment on the new plan.

My comments are made from my heart and out of sincere belief that this type of urban development is not in keeping with the character of Hana. Thank you for your time and consideration. Mahalo.

Mr. Earl Medeiros: Aloha board members. I just walked in a little while ago so I just going start. I was born Hana, raised Hana, and all my kids were born over here or all raised over here. We use the medical facilities, I mean I've used it all through my life. You know, I don't think anybody is putting down the programs that they have in existence now, which is a good thing, and I also saw that they downsized the project that was being -- that they just downsized the project, but I cannot agree with, you know, I look at my end on the medical side, I would like to see, you know, a emergency doctor over here, you know, get -- we're way out here. I know of couple incidents that happened last year and I going say it, you know, about a year ago a guy in Wailuku got a heart attack, a kupuna, but he himself told me thank God he was in Wailuku, yeah, if not, he would be gone. And there was an accident a few months ago, the kids took, from Keanae, got into a mean accident in Keanae, took the kid to Wailuku, I think it was just instinct, but he would have died if he came Hana, but we desperately need this. From the cries I hear from the people of the last meeting, they wanna upgrade the medical and all that, yeah, with a dialysis machine, I

mean it's much needed. They gotta hear the other side. It's a no-go for me as far as this project goes, you know, there's a lot of important things. You know, they always talk about one thing I know they -- I've taken first aid and CPR, the golden hour, they talk about the golden hour, you know, everybody talks about kupunas, the golden hour; your kids fall off one ladder, get one big cut, or go down the beach almost drown, the golden hour. We need that facilities first before this. Prevention is right on, there's nothing wrong with that, but we need other things before that. I say prevention can be done other ways, and they're doing a good job right now, but, you know, we need the -- and dialysis, people are crying for a dialysis machine in Hana. They've been crying how long, over and over, they need -- you know, a lot times you gotta say put yourself in a situation. You know, one good story come to mind is Harry Mitchell, I don't know how many of you guys know him, I was good friend with him. I go down his house, you know, he's on a machine. I mean he outlived, he went against all odds, lived years and years. I think he outlived some of his doctors. But the environment was right, one 8 by 12 room he had. I think the HCHC gotta go out of the box for this one. You cannot say within the parameters, you gotta out of the box, you gotta be innovative. It can be done. But we just gotta go out of the box and do it, you know, get on the legislators and everybody else. So, as far as I go, I'm saying to you folks I'm not a go on this project. If they can make -- meet the demands of the Hana community, then fine. And one thing, I know anytime you use Hana, it's an obligation. HCHC, it's an obligation. Thank you. Aloha.

Ms. Kanakaole: Can you state your name, uncle?

Mr. Medeiros: Earl Medeiros.

Ms. Cockett: Aloha, my name is Pat Villiorimo Cockett, and I apologize, my printer at school is not working, which is kind of -- which usually how it goes at the DOE. I will try to get a copy to you of my letter. I'm here to speak primarily about the EA or the lack of the Environmental Impact Statement and why is there no Environmental Impact Statement for this huge project. In reviewing the EA, which in our library, now the one I looked at was probably about two to three years old because I can't find anything more current than that, it's faulty. It seem to think that there was no flood problem, limited erosion problem, etcetera. I'm an agricultural teacher. I teach my students about soil conservation every year, so I'm speaking from someone who is very well versed, and I have my research for you if you'd like to see it afterwards. Our soils, here in Hana, especially in that area are clay, very clay. It has a permeability of about .2 or less; that means that when it rains, the water goes downhill. When you have a slope, which the EA had stated is anywhere from 3 to 15 percent slope, now that's a very strong slope, and any length of slope over 200 means that you are having the potential of a great erosion problem. In other words, it's called a major factor. The area is close to Kawaipapa, below is Vogele's place, and you can see, just by looking in the area, that is potential for that to wash into Vogele's and down the hill into what used to be Silva's, Sinenci's area. When you clear the land, you take

away all the grass roots, etcetera, you grade, and that leaves the soil free for this potential erosion problem. Now, the other factor in the EA that was faulty is although it said something about wastewater, it didn't address anything about chlorinated pool water. Where is that going to go? Nothing has been addressed about that.

Second issue here is now they voiced many times over organic farming and organic vegetables, now I did notice today he didn't say anything about organic. It cannot be certified organic. I know John Blumer-Buell has a letter of evidence showing the kinds of poisons that were used in the area and are still in that soil. Any kind of herbicides, pesticides used in the area, basically, do not allow you to certify the food organic. You have to get it certified through the organic growers before you can say it's organic and, therefore, these are false statements that the Hana Health Center has been making, and in the EA, it states that they will continue using herbicides and pesticides to maintain the property. So it is extremely faulty and there's, basically, said they don't need anything beyond the EA in this, right here, but when I look at the environmental impact law, it states that, one second, it states that it is a trigger that any State land, if you're trying to change it, change the zoning, it is potential for an EIS so -- I'd like to come back after for one more.

Mr. Terry Lynch: Aloha. Thank you for this time to speak. My name is Terry Lynch, I'm a retired contractor, Licence BC-13566. I've been a resident of Hana for over 27 years. Hana Health Center is your hospital. It's not someone else's. What I'm worried about is this proposal is that this proposal is what precisely what threatens your hospital because what we have here is a situation where if this farfetched project succeeded fine, about two percent chance. If it fails, our medical center goes down with it. This is an impact we can't ignore. When I see all of these monies being spent on experts and all this, and I know the process, when I see all this money going out the door, I'm saying, well, what about the health facility? What about the health care that cost money? It should be going there, not off to some idea like this which is far beyond what we would ever need. Do we need to build, for instance, 40, I'm being conservative, 40 of these Helene Halls in order that our kupuna and all of us will eat right and exercise? I don't understand the thought that this can't happen naturally, like it always happens in Hana, naturally, and I'm astounded that anyone would think for a minute that Hana residents would be less healthy unless we build these things. It's kind of a situation where I hope that we will stop and look at the files and look at the facts carefully because, well, I spoke with Dr. Howell and he hoped that he can send a letter in to you too, so it might be a good idea to defer especially with all these changes. I, you know, I can't say that this is the plan here because it can change tomorrow and even after you approve or disapprove of the change. But, moreover, the idea that someone without experience would undertake a, what they say, is a 26 million dollar venture and say they're going to build it out as funds become available brings back to me memories of Hana community marketplace, I mean it's sitting there, what, 1987 the lease was signed, it's sitting there still, a project eight times smaller, eight times smaller than this one, still undone and we're going to now, oh, well, we got that one, let's go on to this big

thing now, and look it, the main thing here to remember, please, is that our health services are at stake if this fails. If it does what the Hana Village Marketplace did, our health services are going to be out the door. So I thank you for this time. I have some printed things. I hope you vote no or defer. I mean I think we have a lot more facts to review and patience is the key word here because we won't be patients anymore at any medical facility on East Maui, we won't have what Dr. Howell worked for for 27 years and kept without all this expenditure and huhu. So I hope the division in the community can end too. Thank you again for this time. God bless you.

Mr. Keoni Keohuhu: My name is Keoni Keohuhu and I'm 16. What my main concern is that, with this whole project, I see so many of, to me, it's like useless things and -- but we're spending so much money on those useless things when we could have more worthwhile facilities, like prenatal care and dialysis for -- like things we need, like all this stuff you can learn at home, by yourself, like a healthy lifestyle. You don't need facilities to teach you how for eat healthy, exercise. You can do all that kinda stuff at home. All you gotta do is buy the healthy food, green food, not red meat, fat, oils, and stuff. And your exercising, you don't need people teaching you, I mean one facility of people teaching how and having them show you how to exercise daily. Get videos made and all kind of other equipment for you to exercise, like Taebo videos, treadmills, all that kinda stuff you can get for your household and not have to go up to the hospital for that. And so, yeah, that was my main concern was getting the things we need instead of the things that are not as useful and, yeah, I know you guys tired of hearing me speak about the same thing, but if we don't come to an agreement of what should happen, then I going keep coming up here and telling you guys how I feel because I'm hearing all kind talk in Hana of this and that, this and that. I come up here straight for tell you guys how it is and not talk about all this kinda stuff outside and, yeah, thanks.

Ms. Lehua Cosma: Aloha, my name is Lehua Cosma. Thank you for taking the time to listen to our mana`o on the rezoning of the 26 million dollar wellness village. Today, I'd just like to say that on March 10 of last month, I turned in to this board 19 pages of signatures, 200 signatures that was gathered throughout the Hana community denying the zoning, at the same time, requesting to reestablish the community membership of Hana's Health Center. Apparently, after reviewing the public documents at the Hana Library, I found that there were many duplication of letters supporting the project, and 12 pages of the petition that I gave you were missing. There were all the even numbers of those pages that was missing and there was only like 7 there from the 19 that I turned in, so I'm asking this advisory board for your immediate attention into this matter. Also, I feel that, after revising this kinda plan more than twice, all that money that's been paying these experts, I see it's just waste of funding that could have gone towards medical needs, something more important, and I just feel that it's a result of poor planning and it can be done better. And also, a feasibility study I also feel is so important because it will give you a guideline of numbers and figures on how the -- how it will be operated and the profits made from the

wellness village, how and where it will go to towards the existing medical facility, so that is very important to have besides a certificate of need that usually is required before construction, it will also give you an assurance that if this is really the kind of medical services that this community will benefit from. So I request this advisory board to defer, deny the rezoning until we have better information put together and we can do better planning. Also, I'd just like to add that we have nothing against the health center. I love everybody who work up there, including all the patients in Hana. If it wasn't for that, I wouldn't be here today standing before you because I feel that we need better medical care, preventions are awesome, but reality is we do have some people who are beyond that stage and that's my main focus, to take care of the less fortunate ones. Mahalo.

Dr. John Vaughn: I did not come here intending to say anything, just to listen. My name is Dr. John Vaughn. I practiced acute and trauma medicine for 40 years. I came to Hana many years before I bought property here in the year 2000 and people, my friends would ask me, "Where is Hana? What's Hana? What do you see in Hana?" And I said it was a wonderful, quiet, peaceful place, but it was the one place in the world you do not want to have a heart attack. Unfortunately, the very week that I bought property in October of 2000, I proceeded to have a heart attack, I was taken to the Hana Health Care Center and was given very appropriate care, and was transferred on further, and I am still alive today as you can see, and I thank them for that. But what I think that bothers me now is that we need medical care. The young man who talked about people being responsible for their own eating habits and wellness and exercise habits, he made a good point there. He's a young fellow and he's got a good idea there. But Hana -- that is something that would be wonderful for a nice beautiful city, maybe in Wailea, they need all that type of stuff. But, in Hana, we need basic medical care, and we need money, resources focused on basic medical care, and that's all I'd like to say is we ought to encourage the people to get back to the basics of medicine and not do grandiose ideas. Thank you.

Mr. Frank Leonowitz: Good evening, Frank Leonowitz, carpenter, lived in Hana 20 years. I would like to compliment all the previous speakers on their excellent comments. In fact, they covered every single point that I was going to make but I'll go ahead and read this anyway. I highly support the wellness approach to healing and truly believe prevention is the best medicine; however, I don't support this development proposal. First of all, there's a requested zoning change to urban. I don't have too much comment on that because it's already been covered fairly well in depth I would say. Also, there's the issue of spending 26 million dollars in services that do not directly benefit the people of Hana. That money could be better used to upgrade basic hospital services and equipment, which currently do not exist in Hana. Maybe some of the long dangerous trips to Maui Memorial could be eliminated; maybe some lives could be saved.

I have collected letters from the Maui News dating back to 3-11-05. They are letters of concern from various members of the Hana community. Mostly they express opinions

similar to the ones that I have just shared with you. Some letters mention wish list items, such as dialysis, obstetrics, and a trauma center. I am not sure what 26 million dollars can buy, but, hopefully, it could pay for some of the basic medical facilities that we lack at this time.

HCHC leases its land, approximately 12 acres, from the State Department of Land and Natural Resources for the sum of one dollar per year for a term of 55 years, which began I believe in 1998. Referring to Page 6 of the lease, Article 12, Character of Use, it states that the lessee shall use or allow the premises leased to be used solely for health care services to the Hana community as set forth in lessee's articles of incorporation, and for other social services commonly provided by the government. I think the key phrase is "solely for health care services to the Hana community."

In closing, I would like to read a quote by Lehua Cosma as it was printed in the *Maui News* in 4-9-05, "Reestablish community membership and everything will fall into place." I think this is a simple enough and humble enough request. Aloha.

Ms. Kanakaole: I wanna encourage the public to come up and testify promptly after the next person has finished. You don't have to wait for me to call you up. There was a sign up but nobody signed up so if you're coming in late and somebody has finished testifying, just come right up.

Ms. Suzette Cossey: Aloha and welcome members of the Hana Advisory Committee to the Planning Commission. My name is Suzette Cossey. I have resided here for the past 27 years and when asked, I say that I am from Hana. With regards to the Hana Community Health Center's request, I am against the rezoning for the new Hana Health and Wellness Village. Some of the reasons are as follows: Traffic. This issue appears to be minimized when addressed in HCHC's reports. The entrance and exit is but a few feet away from probably the busiest and most hazardous of intersections in Hana. To say that additional traffic going in and out of the facility will not have a substantial impact during, perhaps, the busiest hours of any given day is difficult to comprehend. It is presently an ongoing community concern.

Future development. At the March 10 public hearing, the comment was made that this was a zoning issue only and not to take anything else into consideration. I beg to differ. If the zoning change is approved, the decision is final and the project you see before you will proceed. We then will have lost any voice in a public forum to say otherwise. What precedent would this set with regards to future development in Hana? Will the rezoning for the Hana Health and Wellness Village become a landmark case that we would otherwise not wish to be associated with? You can rest assured that Hana now has the attention of Maui County.

Consistency. If you think about it, HCHC has consistently revised its plans after every community public hearing that has taken place. The revised site plan is then made available for public perusal at the Hana Public Library just days before the next community hearing as mandated and required by law. This in turn leave little time for residents to be factually updated of any changes. It is not because of HCHC being willing to listen and make changes as necessary, as stated in April 19's *Maui News*, rather it is to invoke change that they feel may pacify the community at large in order to gain the support of their project. This, in and of itself, is what has me deeply concerned. Who is to say that HCHC is telling us what we may want to hear rather than what the end result will be. Can they be trusted to keep their word or will it be a case of what you see is not what you get? HCHC's consistent pattern of revisions tells me otherwise and the community can ill-afford to be in this vulnerable predicament. It stands to reason that this is a very serious matter to consider when rendering your decision.

With this in mind, I would like to take this opportunity in extending my gratitude of the unenviable difficult task and decision ahead of you. I can only begin to imagine the amount of time invested and personal family sacrifices made. To reiterate what I stated earlier, I am against the rezoning for the Hana Health and Wellness Village. Thank you.

Mr. Samuel Kalalau: Good afternoon, members of the Advisory Committee. I come before you, my name is Sam Kalalau, I come before you because this is a -- this is a zone change, property boundary amendment change, and when we built our police station, our police station was zoned ag, and I know how the County did it. They had to take it from ag into urban, and from urban dump it into public/quasi-public. Okay. I was also involved with the fire station land issue when the ranch donated that piece of property to the County of Maui for the Fire Department, and that was same thing too, it was zoned ag. So they brought them -- they made the zone change. They went from ag to urban, and dumped it into public/quasi-public. Okay, a lot of people are concerned about the urban but this is why you guys have two motions before you guys. This is why people are saying the urban designation, but you're going to take them out from urban and dump them into the County zone public/quasi-public, okay, and public/quasi-public, as far as property increases, it won't increase your property tax like any of the housing projects that's going to be happening at Healani Farm; that project is going to increase everybody's property taxes around there. Hinamailelena. When the ranch donated that land for parks, it came from ag, urban, public/quasi-public. They're going to get more land donated for them for the park expansion; they're going to have to do the same thing with that land that's going to be donated to them.

I know it's real confusing because of this issue where you guys are going from ag State to urban and then gotta vote for dump them into public/quasi-public. You see, right now, the health center is in, the zone that they're in right now, it's actually illegal. You know, a lot of people are crying about services, about having more buildings, we need OB, we need

dialysis, but without the zoning, they going get nothing, you know, and people are worried about the designs and the plans and stuff like that, they'll have all their life to attack the health center when they go in for permits, you know, it's not like -- it's not like -- that is why I'm asking you guys not to -- not to make your guys decisions based on emotions, you know. My friend, Earl, came up here and he talked about the cries of the people. I mean, yeah, we need all that stuff he mentioned, but if they don't get the zoning, nothing can be built, nothing can be done, and then what? We're going to be left out there for another 10, 20 years before somebody's going to be wise enough to say, "Okay, give them the zoning so we can put one dialysis center there or we could put an OB center there." People are concerned about the swimming pool; look at the Cameron Center. This is almost a concept like the Cameron Center, they have a swimming pool there, but it's not a swimming pool where kids can go jump, splash, and race each other, it's a swimming pool where people do therapy. I mean, they have a restaurant there and who runs the restaurant? The hui. You know, they have a lot of social services in the Cameron Center; that's the same thing that this health center is doing. They need the facilities to carry on those things. I'll come back, okay. Thank you.

Mr. Harry Hasegawa: Hello. Honorable members of the Hana Advisory Committee, I was once on it and I don't envy your position. It's tough. It's gut wrenching. But we're talking about zoning and the merits of what the zoning will bring about and, in this case, we're talking about health services, and there's certain things that the HCHC can do and there's certain things that HCHC cannot do, and it's difficult to see your friends, family where, you know, you can't help them because you don't have the money to do that. Now, they equate the 26 million to what this medical services that we need right away, but the 26 million is a plan for the whole thing. We're looking to start out with preventive health, good eating, exercise, that's a nutrition center area. Now, without a plan, how do you build? You need building blocks, and that is why we have people help us get those building blocks. And, again, without zoning, you can't do that, you can't have preventive medicine. You know life is full of changes. You make plans and they need to be revised as new facts come into play, and I think you try to do as best as you can but nobody can see in the future, and we hope, very strongly, that the board sees that we can do certain things and we can't do other things, but what we can do, let's go for that and get the better health -- get our community into a better position in health and that, I think, is what we're looking for. Thank you.

Ms. Kanakaole: We're going to take a short break and reconvene in five minutes.

(A recess was called at 5:45 p.m., and reconvened at 5:55 p.m.)

Ms. Kanakaole: Okay, we're going to reconvene the meeting and continue with the public testimony.

Ms. Nitta Hasegawa: My name is Nitta Hasegawa and I participate in the kupuna program cause sometimes I don't know how to eat healthy. I participate in the exercise program and sometimes by exercising it seems like I'm bon dancing or, you know, I cannot keep up but, like I said without sounding redundant, I need the inspiration.

Now, when they talk about having babies in Hana, I can speak from experience. I lost one because I had to fly out and they didn't -- this was right after Neal. We didn't have an air ambulance. I flew out with Fleming. They just put the seats down, and put the stretcher, and Dr. Howell accompanied me. Another time I was in Honolulu and I hemorrhaged. I had 11 pints of blood transfusion, I was bedridden for at least three months before the baby was born. Dr. Howell came to see me at this plantation hospital in Ewa, and he said I was lucky that I -- it happened there instead of Hana. We speak of Dr. Howell. There's no Dr. Howell already, pau. There's never going to be another doctor like Dr. Howell and he knows that. He was here when we first started when the State gave up, okay.

Now you talk about ER. I just happened to have this because we had a discussion in our exercise program about emergency care and in the Sunday *Maui News*, this was March 6, if you can go to the library and read it, it states -- it says, "The State ER's face near crisis." Do you know that if you -- if it's an emergency and you're in Maui Memorial, unless there's somebody in Queen's to take your case, you have to wait at Maui Memorial, and they have reasons for why ER doctors don't wanna practice anymore. It's the same thing across the Mainland. You see it on the news. The small town doctors, they say it's not worth it because the insurance is high, the liability; not only that, it's all of these things that the HMO's don't pay enough, they have to fight for their share of it. So, you know, without being let's say cynical, everybody wants that. We want ER. I want to have my grandchild born in Hana but I don't want the risk. I don't want the risk of something happening. Any birth can go wrong. Everybody knows that. No matter how well you take care of yourself, you never know what will happen. And you know I had somebody tell me one time after they didn't allow births in Hana, "Oh, I just wait till the last minute and I go over there and sit on the front steps. They gotta take me." But isn't that selfish putting yourself and the baby at risk? What kind of attitude is that? Somebody told me, in Honolulu, "Why you bringing your mother to Hana, of all places, because you don't have the medical care?" I said, "Because I have the love to give her and the care. If anything is going to happen, I'd rather she happen -- she die with me then with somebody else and I'm there for her." We had to fly her out, grant you, we had to put her in an ambulance, but I felt more comfortable because she got hurt in a care home, in a private care home in Honolulu.

So I just wanna say I support you people, I mean I support the zoning, and also come see the kupunas, they no grumble about when it rains, and the mud, now it's dusty and we're shuffling around cause we cannot carry our feet, and it's dusty. No, they're happy group. So I just wanna say I hope we get the zoning and thank you.

Ms. Armine Medeiros: My name is Armine Medeiros and I have a question tonight regarding the change of the zone the HCHC is requesting. I live in the same ahupuaa as the HCHC is located at. And if any of you live in the same ahupuaa, my question is will we be affected by this zone change with the taxes? Will it go up? And if it does, that's a concern for me and probably the people who live in the same ahupuaa. We pay enough taxes as it and, moreover, I'm adamant that the 26 million dollars going towards the upgrading of the HCHC clinic, why don't we make it to become a viable medical center instead of a newly proposed health and wellness spa. Thank you.

Ms. Kanakaole: Anymore testimony, new testimony, before we go to the repeaters? Anymore? Okay, I'd like to call up John Blumer-Buell.

Mr. Blumer-Buell: Thanks again, Committee members. I want to acknowledge that Mich Hirano said that they did have an authorization letter to be seeking the zoning changes and it's in an application packet that I have not seen and he's going to send me the letter; that does not change my recommendations at all. Recommendations 1 and 2, if you adopt them, those are supported by more than 200 people. They will put the health center on a constructive track for the community. If you adopt Recommendations 3, 4, and 5, the community's going to be back working together, we'll have a plan that we all agree on, and we'll get these health services that we want much more quickly than fighting out this thing for years.

I would just like to read f., and that is on Page 2, the subject application is not concurrent with the intent of the Hana Community Plan designation. The public/quasi-public designation was granted with the understanding that there would be three acres of elderly kupuna housing, seven acres of medical center expansion, and a community membership elected board of directors. That was the understanding at the time, and I sat on the Hana Advisory Committee to the Planning Commission at the time the Hana Community Plan was reviewed, so I looked at this designation, this -- what I'm saying is in the County template, if you go back and look from the Community Plan, it's in there. And I agree with what Sam Kalalau said about the other changes that have happen, the thing is without restrictive conditions, the community could still be facing the densely urban development that Peter Hinemann talked about at the last meeting. He said it correctly, the hotel, all this, the store, everything else that the hotel owns is 80,000 square feet on 70 acres. The proposal, the first proposal was, that the health center put forward, was about 80,000 acres on 12 acres, 80,000 square feet, and without restrictive conditions, this is going to be a very densely zoned urban development, it's not what was intended in the Community Plan process that is important, and if the community can get together, then we could work out these problems until there's no membership and no elections and no communication in the community, it's not going to happen.

And the last thing I wanna say is that the letters from people that got paid to say that this is going to financially work are nonsense. There's no substitute for an actual business plan and financial reports that our accountants can look at. I want the health center to work. And I'll tell you, when the golf course came up and we actually got to look at the financials of that, it made a big difference in the process. So, again, thank all of you for serving and you're allowed, at some point, I hope you'll take a time out for as long as it takes to relax and really think about it. Mahalo.

Ms. Kanakaole: Pat Villiorimo Cockett.

Ms. Cockett: Mahalo again. The second issue that I needed to address, yes, it is imperative that we do not approve the zoning because that leaves the door open to spending the 27.4 million dollars to this project when it should be going to more medical needs that we -- \$52,000 for prenatal and maternal care is not a lot to ask.

What I'm going to address is the fact that in a document that is sitting in the library right now, I tried not to read it cause I don't wanna get too upset, I've been told about it, it basically sets this pace of saying that I am lying about certain remarks that were said at the last meeting. Just to address the fact that I didn't make those remarks, my ex did, and he shared the incidents about Puili being born.

Now if we wanna go about the facts of prenatal in Hana, just being pregnant in Hana is a risky business. It is an increased risk when we do not have a proper medical care doctor in Hana. I will give you my two experiences. I have seven children; four of which were born in Hana and I was blessed by the fact that through those last two pregnancies in Hana, I had Dr. Howell to help me save my children. If he had not been here, a very remarkable man, very excellent doctor as well as surgeon, I may have lost my children. Linska is now a very proud member of my family. She was my miracle baby. They were shocked when she was born cause there was an umbilical cord that she had a knot in. I almost miscarried her at three to four months old and Jonathan came all the way out to Koali to come and get me as far as the medical center and Dr. Howell was able to give me an injection at the medical center that stopped my labor. Then John, who was another miracle baby, I almost miscarried him early on in the pregnancy. Later on, he was born three weeks premature, he was at four pounds, two ounces. When he was born, Dr. Howell was there. He was able to help me through the night, get us on a plane the next morning, and get me to Maui Memorial where John I had to, basically, fight to keep him alive for a week and he finally was strong enough to come home and John is -- I'm very proud to have him. Those are my two miracles that if we had not had Dr. Howell in this community, I would have lost.

The reality is we have pregnant girls every day in this community who take the risk. They do not take prenatal care because it is such a long drive out. They are not under adequate

care of a doctor, and then you have to compound that with the two hour drive that we are being forced to take or the two weeks stay on the other side which is a cost factor for any parent that is suggested by the doctors outside to have a baby outside. Now if Molokai can have midwives, then why can't we, \$52,000 is not a lot to ask. This is only a drop in the bucket compared to the risk that we face everyday.

Ms. Kanakaole: Sam Kalalau?

Mr. Kalalau: Again, good evening. Yeah, I just wanna cover a little bit on the three acres that John Blumer-Buell talked about and he had a letter, I think he submitted a letter to you guys from Bill Furman. Well, back in 1991, myself, we created the Hana Affordable Housing and Community Economic Development Corporation, which negotiated with Keola Hana Maui, at that time, for this property for the houses and stuff. We also negotiated with Keola Hana Maui to donate the land that is now going to be used for this proposal, and Bill Furman, at that time, was our director. As far as putting it on the Community Plan, the only thing we put on the Community Plan was the future area to put the affordable housing and what was going to happen at that time was we were going to use one acre of the health center property to do elderly care units, and then we were going to negotiate with Keola Hana Maui for another three acres to do senior housing, okay, this is what we negotiated on. You know, you heard everybody come up here and tell you guys that, you know, they need better health -- they need better medical treatment, they need one better health center, I mean they ain't gonna have nothing if they don't get the zoning, you know, and it's not bad, public/quasi-public, you know, it's more controllable. The important thing is you guys gonna take it from ag and don't leave it in urban, change them into the County public/quasi-public so that the public still can have control on whatever is developed there. They still have to go through the process, permitting, everything. They still have to go through all that. A lot of people's concerns about traffic, about runoff, about wastewater, they still have to go through the process, this is the process. And without this process, we cannot have nothing. We cannot build any buildings on that property right now. We cannot even build anything on the front two acres because it's not in the proper zoning. Talk about consistence. The health center has been very consistent with the County government on trying to meet the requirements when they go through the steps of presenting their proposal, okay, it's not like they're doing it on their own, it's like they have to go through these steps in order to get what they need and what's important is they need to become in compliance with our Community Plan and our Community Plan would put these people in the public/quasi-public zoning, and when you guys vote on it, you guys can also put your guys own recommendations, you know, it's not that -- it's not a horrible thing what people are saying, a lot of the things that are being said here has been well defined, I'd say, or been told honestly to the public.

I would say these guys have come before you guys, they have come before the community many times, you guys have seen other developments in this community go up and they

haven't come through you guys, I mean, you know, talk about somebody who wants to communicate and wants to be part of the team. These guys been doing it for years; everybody else is just doing it on their own. Thank you.

Mr. Keohuhu: Okay, talking about the ag to urban to public/quasi-public. What Sam said was that even with the dialysis and stuff going need one rezoning and stuff, but if you look on top this plan, this rezoning no more anything about the stuff we need. You gotta look at it and there's nothing about dialysis, prenatal, none of that. And, on this plan, get about the healthy living, get about the healthy food, and the exercising and stuff, but we already get Hui No Keola Pono and other facilities that provide healthy living classes in our school. I should know because I've been to many of their classes and ate a lot of their food, like it's healthy food, and we don't need spend 26 million dollars to teach us -- to teach us how to live healthy, we already have programs already out there.

And about the prenatal thing that Nitta was saying that oh, no matter what, we going have to worry, but if had one prenatal facility in Hana, we wouldn't have to worry if there was good care and the rest of the needed facilities. We can be just as safe and not have to worry just as any other hospital or prenatal facility.

And responding to what Nitta Hasegawa said, she said that they were exercising in the mud, muddy rain and I wonder why HCHC is allowing that to happen when we have this Helene Hall and the healthy meals could be done at the old school cafeteria. We already have those facilities. And for the exercising part, if you like lose weight, it's all about your power, your willpower to do it. It's nothing that HCHC has to do with it. It's your willpower. I should know from experience because I did it myself once but just that now I too lazy for doing 'em. So you can do everything on your own; everything is on your own; it's your willpower; your choice to do this, your choice to do that; it's what you chose to do. And, to me, I tired see people die in Hana. We need better medical facilities for emergency cases. Yeah, thank you.

Ms. Margarite Edimod: Good evening. My name is Margarite Edimod. I wasn't planning on speaking but when I'm listening to people talk about the services at the health center, about approximately one month ago, I took my neighbor to the health center with apparent heat stroke. They gave him a urine test, and gave him a couple of bags of I.V. solution, and then his temperature kept going up, so they said that what he needed was a white blood cell count to assess whether or not he had an infection; that was a test they could not do at the health center and he was referred out, we had to drive him to Maui Memorial, and this seems -- this is not a \$50,000 insurance situation, this is routine lab tests, white blood counts, CBC's. It can't be that expensive to make these basic kinds of things, as Dr. John Vaughn was saying, available to us here in Hana, and I'm going to ask you to please defer this decision until the whole community can come together and hooponopono so that the divisiveness and the lack of real medical care can be remedied. Thank you. Mahalo nui.

Ms. Kanakaole: Are there anymore testimony from the public? Okay, public testimonies are closed, and do any of the Committee members have questions to the staff or the applicant? I do. I have some questions. I think it's for the staff or Joe. You know on the -- I have this Chapter 19.31 about the public/quasi-public districts and what the permitted uses are. Can you clarify if it's changed to public/quasi-public, I have the principle uses are churches, community centers, fire and police stations, government buildings and facilities, hospitals, kindergartens, elementary schools, high schools, libraries, nursery schools or daycare, offices for non-profit charitable organizations, and then I. says private parking lots or private structures serving public purposes. Can you give me an example of what that would be? A private structure serving public purposes.

Mr. Alueta: Sometimes you have a community center that may be privately owned, like maybe the Filipino Community Center or the, you know, the Nisei Memorial Center in Kahului, something like that. You may have or like a commercial parking lot, say some place in Lahaina, you may have like a, not Hana but Lahaina, you have a parking lot that's run by, that's owned and run by like Republic Parking where they charge a fee to use but it's a public parking lot for the area.

Ms. Kanakaole: Okay. What about number two where it says, "accessory uses and structures?" What are accessory uses? I'm reading this --

Mr. Alueta: Is that in my report or is that in the --

Ms. Kanakaole: Yeah, it's from the last time, the last meeting, yeah.

Mr. Alueta: What page so I can -- I forget what page. Oh, I'm sorry.

Ms. Kanakaole: Exhibit 31.

Mr. Alueta: Thank you.

Ms. Kanakaole: A.2. Accessory uses and structures.

Mr. Alueta: Sheds, anything that's accessory to the -- what is being proposed, support facilities for the permitted uses.

Ms Kanakaole: Like a shed for the community center or something?

Mr. Alueta: Yeah, I mean or, you know, someone's -- you're not going to specifically list everything, like say someone builds a mason's lodge but they want to have a garage, you know, or, you know, a maintenance facility or --

Ms. Kanakaole: I see.

Mr. Alueta: But those uses, like I said, most -- whenever someone comes in for a building permit, they're going to come in and describe what the building's for, they're going to say, and, at that point, we would make a -- Planning Department's Zoning and Enforcement Division would then look at what they're proposing to see whether or not it would either be a permitted use or an accessory use --

Ms. Kanakaole: Okay.

Mr. Alueta: Like sometimes a roadside snack -- like we consider a roadside fruit stand to be an accessory use that's to a viable agricultural -- if you have a viable agricultural or if you have agricultural activity on your property.

Ms. Kanakaole: Thank you. Another question I have, I think, is to -- I think to the applicant. It just came up from the testimony and it might be directed to Cheryl. How much money would -- do you think the particular community member would have to pay to use any one of these facilities, like to do the exercise program? Would it still be two dollars? Would it, you know, if they had to -- wanted to go through therapy in one of the pools, I mean what kind of price range are we looking at? Are we going to be able to afford?

Ms. Cheryl Vasconcellos: The fee structure, as for all of our programs, is going to be based on a sliding fee scale, so depending on household size and income, the fee charge would be based on how much your household is able to pay.

Ms. Kanakaole: Okay. Similar to what it is now?

Ms. Vasconcellos: Yes.

Ms. Helekahi-Burns: Just to add on to that question, so a lot of these therapies unless they are recommended by a doctor would they also be covered by insurances?

Ms. Vasconcellos: Some of them would be covered by insurances; others would not.

Ms. Helekahi-Burns: In the preventive care, can the preventive care -- on the preventive care, like the nutrition program, the exercise program, will these also, if it was recommended by a doctor, would be also somehow covered by insurance also?

Ms. Vasconcellos: It depends on what kind of a plan you have. Every health insurance plan is different. Some plans will cover; others will not.

Ms. Helekahi-Burns: Thank you. One more question for -- with the revised plan that we have here, about how much is estimated in garden acreage, garden use? I see it's spread out but --

Mr. Hirano: Yes, I haven't got the actual calculation, but this whole area now is garden, as well as this upper area, so when you look at the site, this site is 12 acres total, I would say, you know roughly speaking, very roughly speaking, maybe 2 acres of that, 2 to 3 acres would be garden. You know, just a very rough figure here that it's about a quarter of this area.

Ms. Helekahi-Burns: In the plan, when the plan was being drawn up, was it considered, according to the Community Plan, that they wanted to leave, I can't pull it up right now, but they wanted to leave the mountain -- what is that?

Mr. Hirano: Views?

Ms. Helekahi-Burns: Yeah, the mountain views obstructed by any kind of manmade the kind, is that why you -- most of the buildings are pushed up away from the roadway because according, I'm not able to pull it up right now, but it was mentioned that they didn't want to obscure the scene of the mountain and the kind that can be seen from the roadway?

Mr. Hirano: Yes. Most of the buildings are or all the buildings are one-story buildings so that the height limit on the public/quasi-public is 35 feet so they will be below the 35 feet height limit, so there are no tall buildings in this area, they're very -- they're low single-story structures, and I think as you open this area up and with the gardens, you know, the views of the -- the mauka views will probably be maintained through that, especially now that there's open areas in the site plan.

Ms. Helekahi-Burns: Even with the calculation of the slope in hand also? I mean being that it is in the sloping the kind --

Mr. Hirano: Yes. This area is higher, this area is kind of the high area and it slopes down. What will happen is that there will be a grading plan that will sort of flatten some areas out for the buildings, to provide buildable pads for the buildings, so this area will be sort of flattened out. Some of the contours will still be maintained in this area for landscape features, but there will be areas that would be graded for level for the building sites. So the whole site would kind of have different elevations and will be all graded in so it would just be kind of blended with the landscape and the natural contours as much as possible up slope to that area.

Ms. Helekahi-Burns: So with that in mind, we can honestly say, just from how the plans are built right now, that from the roadway, will it make like a great big drastic significance if the building was to be put there? I mean I think it's -- my whole concern is --

Mr. Hirano: Yes.

Ms. Helekahi-Burns: Whether or not it will ruin or it would like look like a big mansion on the hill, you know, and --

Mr. Hirano: I see.

Ms. Helekahi-Burns: I'm just wondering whether or not --

Mr. Hirano: Well, as you drive on the Hana Highway and you look at the site, right now you'll see the existing health center, and then this area sort of levels off but the mauka view of the mountain is still quite prominent, it's still quite high, so I think the buildings will be in the forefront but they will be lower than the mountains so I don't think it would block the mountain view from the roadway. But the buildings will be --

Ms. Helekahi-Burns: My concern is not like blocking too much of the view but it's more like whether or not the buildings will be really prominent from the side, from the roadway.

Mr. Hirano: I see.

Ms. Helekahi-Burns: Or will the landscaping of the trees --

Mr. Hirano: There's quite a bit of landscaping. If you look at the landscaping plan, there are quite bit of landscaping that will be around the buildings, so I think that, as well, you'll see the natural contours, you'll see buildings, but you'll also see landscape features and I think the landscape features will mitigate, you know, sort of the difference in elevations between the ground and the building height. So I would say that the landscaping that will be provided and the garden areas will help mitigate the visual sort of heights of the buildings so it would be, I think, still a very natural kind of landscape with the vegetation that will be planted, which is based on native planting and native Hawaiian planting, and a lot of this is on the site now, it's growing on the site.

Mr. Alueta: I think what you're referring to is on Page 20 of your Community Plan and that is, one, which we've already added in as a -- which we are recommending as a condition which is this two-story height but also limit the height of manmade walls to avoid visual obstructions of coastal and scenic mauka areas, and I think identify significant view corridors and seek to protect their protection through covenants, easements, or other planning tools. I think if that's an issue because we do have -- we have not seen a,

because like I said, this is a zoning category and we haven't seen any mass grading plans or view corridors. We have seen the plans as far as how they match up with the design guidelines that Hana has developed for themselves and the Urban Design Review Board did recommend approval of it. If you wanted to add that as a condition, that, you know, we could draft something up as far as having the view corridor prior to, you know, prior to the development that they come up with a mass grading and view corridor plan so that we can see, you know, we'll be able to review what this is going to look like better from the roadway once they come up with the plans because the Planning Department has found that, much to our sadness, that the elevation, you know, from a property you think the buildings are going to be built pretty much at grade at what they are but people come in and they end up mass grading and filling, so even though it may be a flat and low area and you think you can see over it, they end up filling it and the building gets -- the height of it gets blocked and we're seeing that in Wailuku a lot, and so I would recommend that maybe we could draft something up to have a view corridors review, but if that's a concern.

Ms. Helekahi-Burns: Is that called a view corridor? Is that --

Mr. Alueta: A view, yeah, to get --

Ms. Helekahi-Burns: View corridor, right?

Mr. Alueta: I would say we would, I mean, should you decide to pass the project or have some kind of recommendation for the thing, I'll try to work on some language for you.

Ms. Helekahi-Burns: I'm just curious. Now that there was downgrade in the plan, what is the estimated cost as of now? Now we cannot say, oh, it's 26 million because it's obvious it's not 26 million. You know, I think a lower price would probably be less scary for a lot of people, you know what I mean? So cut off a couple million.

Mr. Hirano: I asked the architect the same question and it's very difficult to, in terms of comparing the cost, this original plan was done in 2001; since that time, cost have escalated, I mean construction cost have risen by, you know, 30-40 percent, and part of it, I think, all I can say is that I think that the 26 million still is in the ballpark and it's not -- because of the cost differential as well, from the time the original plan was done to now, in terms of construction cost, and then the isolation factor that I've seen put on construction projects in Hana, I think that the 26 million dollars is still a ballpark figure that, at this level of design, is a working number, you know, and maybe we -- it's been reduced in scale but I think it's been offset by the higher costs as well.

Ms. Kanakaole: Are you still using the same phases as before? You remember you said that --

Mr. Hirano: I think at the last phase there was a recommendation that work be done -- I know that the nutrition center is a high priority and would be, you know, very, I think, close to funding if the concept and the change in zoning were approved, and then the kupuna housing I think was moved to a higher priority. So I think that, in terms of priority, it would be the nutrition center because funds have been, not available, but it's likely to be funded through HUD sources, Housing and Urban Development sources from the Federal Government. And then the kupuna housing, as I understand it, is a higher priority so will be moved as a priority. And then the phasing will be done as -- I think we established the phasing program as a recommendation from the earlier discussions that were going on last session.

Ms. Kanakaole: My main concern was the, you know, our big decision is changing or recommending to change the zoning and that's why I asked you those questions about what's permitted in public/quasi-public districts. And the other important question is the property tax increase to surrounding landowners, which I think you cannot answer, yeah, Joe? Right now?

Mr. Alueta: Not with all certainty, as I stated in the previous meeting, my understanding of real property taxes is that they tax you at what the property is being used for so -- and the potential, so if the neighbor property is still not urban, it's not going to be taxed at an urban rate regardless of what the next door property is; it's only if it's changed to urban or if it has a Community Plan potential to be changed to urban, I mean but I can't, I mean that's my past experience. I don't have Finance to say if that's really how they do it but --

Ms. Helekahi-Burns: Joe, Sam Kalalau had brought up the issue of don't leave it in urban but put it in quasi-public?

Mr. Alueta: Okay, before -- as indicated in the staff report, it says that you're doing two changes. One is to change it from the State rural and the State agricultural district to the State urban district. As I said earlier, the State has four land use designations: conservation, agricultural, rural, and urban. Within the urban districts, right, the County, of the State urban, the County can then zone it to urban type uses such as R-1 residential, R-3 residential, M-1 light industrial, or P-1 public/quasi-public, in this case, so that's how -- we then have control, sole control or the County does as far as what the permitted uses are once that happens.

Ms. Helekahi-Burns: So the process would be to approve the urban change with a recommendation of it being public/quasi-public?

Mr. Alueta: You would be recommending, yeah, a change from the State ag and rural to the State urban district, and from the County interim district to the County urban -- I mean to the County public/quasi-public district.

Ms. Helekahi-Burns: Thank you.

Mr. Giroux: Joe, just to add one more step is that the Council, the ultimate power, and one of recommendations that this board can make is also that once you do those steps that what's called conditional zoning is once the County decides to zone it quasi-public, quasi -- the conditional zoning can be so specific that the use can be limited to one specific type of quasi/public-quasi and that can be a hospital, medical, you know, that type of zoning, so there is -- it goes from this huge broad State level of agriculture, it has to work its way down into urban so that the County can have jurisdiction, and once the County gets jurisdiction, then it can use its own tools to then micro manage to that level of use.

Mr. Alueta: Yes. Yeah, that is correct and that is why, you know, in our recommendations, if you look at Page 3 of that, we're not just recommending you give them a blanket zoning change that would, you know, as would be qualified under that Exhibit 31 that you read from. If you had just changed it to P-1 public/quasi-public, the only restrictions that they would have to comply with are whatever is in that -- okay, so what we're doing is we're kinda funneling down to say, yes, you have 1931 or Exhibit 31, which is public/quasi-public zoning category but, in addition to that, you must do these things, which is outlined, and, like I said, you're a recommending body to the Planning Commission who then recommends it to the Council, and so if you wanna, like as your Corp. Counsel has indicated, you can even narrow that list down even further if you so choose.

Ms. Oliveira-Medeiros: I don't wanna change the subject, but I have some questions about the building and -- I think I heard you say something about there's going to be therapy services. What kind of therapy was that?

Ms. Vasconcellos: There's a variety of therapy services. There's going to be physical therapy services, behavioral health therapy services, so those are two primary areas.

Ms. Oliveira-Medeiros: But that doesn't qualify the upgrade in services, for medical services?

Ms. Vasconcellos: With regards to a certificate of need? Okay, let me clarify somewhat around the certificate of need issue. There are also a number of thresholds in the certificate of need statute that have to be met before you actually trigger a certificate of need process and it's -- we also have legal counsel who has reviewed the requirements around a certificate of need so that we know, you can't go by our attorney's opinion, but we need to refer to our attorney's opinion. There are a variety of thresholds that you need to meet in order to have to go through a certificate of need and some of them have to do with how much things are going to cost. It is our view that each building, as we're ready to actually move something forward, each facility, each service would then need to be looked at independent of every other building to make a determination about whether or not a

certificate of need would be required if, in fact, we met certain thresholds. One of the thresholds is a building would need to run in excess of four million dollars, a single building would need to run in excess of four million dollars. A piece of medical equipment would need to be valued in excess of one million dollars before you trigger that certificate of need process. There are also thresholds that allow you to go through an administrative review process, which is one of three things you can get: you may have to go through a full certificate of need process; you may need to go through an administrative review process; or you can be exempted from the entire process depending on the actual service, the cost of service, and the facility. So for each component of the village, we would need to look at cost, service, and the threshold to make a determination. But the overall wellness village, as part of the zone change, is not required to get a certificate of need because this is planning stage, not until you're actually ready to put something together do you have to evaluate that.

Ms. Oliveira-Medeiros: And then I think I was the one that requested the feasibility study cause I knew how important it was and maybe, I don't know who can answer this, but doesn't it become public when somebody submits it for a development like this?

Ms. Vasconcellos: The feasibility study?

Ms. Oliveira-Medeiros: Uh huh.

Ms. Vasconcellos: No, it doesn't become public. It's proprietary information. We will not be able to move a single component of this project forward without demonstrating to funding sources that it is a viable project so, again, every component of the village will need to have a separate business plan developed that will be included with whatever funding request we're going to make, and whoever the funder is will also determine whether or not this is feasible. I think it's safe to say that if a project gets funded, that it has been determined to be a feasible project by the funding source. They're not going to throw money at a project that's going to fail.

Mr. Giroux: This is just a comment but as part of the application in 19.510.010, one of the, Number 22 is the operations and management of the proposed use, which includes but is not limited to number of employees, proposed employee housing plan, hours of operation, fees charged to residents and visitors, provisions for offsite parking, so as far as your question -- looking at that that's required in the application, it doesn't look like that's something that, you know, if not given, I guess it's at your own risk that you're not allowing the board to look at that as far as part of their evaluation of your project.

Ms. Oliveira-Medeiros: But then what -- what was -- what is the biggest reason that you cannot update the services, upgrade the services?

Ms. Vasconcellos: The -- which services are we referring to?

Ms. Oliveira-Medeiros: Well, I hear prenatal --

Ms. Vasconcellos: Okay.

Ms. Oliveira-Medeiros: I hear diabetes, and somebody, in one of the letters, even asked for physical therapy so that's why I was asking about what kind of therapy that was.

Ms. Vasconcellos: Prenatal care and delivery services is something we've been looking at for a long time because it has been identified as a community need and we have looked at it and it's not a question of the \$52,000 in malpractice insurance. There are a few issues. One is that even though physicians may come to this community with the skills they need to deliver babies, because we deliver so few babies in Hana, an average of 30 deliveries a year, they would not be able to maintain their skill level. That's number one. In order to maintain their skill level, for risk management purposes, you need to deliver around 12 babies a month. We deliver, for women in Hana, approximately 2 babies a month. So it's more an issue, it's more an issue of risk and safety than it is of money. Money is not really the issue here; it's a safety issue. If a delivery went bad, and it can go bad, and you never know when it's going to go bad, we would not be able to transport the patient out of Hana to the hospital because the ambulance service is not allowed to transport a woman who is delivering a baby. So you have the added risk of if something went wrong, we couldn't get the woman out, and we're jeopardizing the life of both the woman and the baby. So safety is really the critical issue here.

We have attempted to initiate prenatal services. The problem with doing prenatal service without doing deliveries is there is not an OB/GYN on the other side of the island who is willing to deliver babies who do not actually do the prenatal care themselves. We have contacted all of them. We have attempted to work with the docs on the other side so that women at least could stay in Hana to do their prenatal care, we have the capacity to do that, but from the perspective of the docs on the other side of the island, they do not want to assume the risk for prenatal care that they do not provide. So we're continuing to work on that and we're hoping that some day, some time, there will a doctor on the other side of the island who will be able to deliver Hana's babies after women have had their prenatal care in Hana, and we've been working on this for years. To date, that has not happened, and so that's the big issue around prenatal and delivery services, it is not money, and so I don't want anybody to think it's a financial issue; it is a safety issue and a risk management issue. And we don't want to provide a service where we're putting the woman or the baby at risk.

Ms. Oliveira-Medeiros: I had all my children in Hana and thank God nothing went wrong with any of them --

Ms. Vasconcellos: Yes.

Ms. Oliveira-Medeiros: But it all went well and I thought they did a wonderful job in Hana, just from one room to the next room and, poof, babies come out and it was fine. It was fine.

Ms. Vasconcellos: I know, and when everything is fine, it's wonderful. And if we could promise that everything was going to be fine, that would be great. But the doctors don't wanna assume the risk anymore, the State didn't wanna assume the risk anymore, which is why they terminated the services a long time ago. So, you're right, when everything goes well, it's great. I don't wanna be left out there hanging with a woman who runs into trouble hemorrhaging or the baby runs into trouble, we have no capability to do surgery or anaesthesia or do neonatal intensive care, if it's needed.

Ms. Oliveira-Medeiros: You couldn't sign a waiver or something?

Ms. Vasconcellos: They don't work. And even if you do, again, it's not the malpractice issue or the money issue for us, we don't wanna risk the health of the woman, I mean you could sign a waiver, you could still sue, that doesn't matter, but I don't wanna put somebody at risk unnecessarily.

Ms. Oliveira-Medeiros: I was thinking too that if there was prenatal service in Hana, then there would be a bigger need for pediatricians to be in Hana because the way it is now, I think they go to the other side and give birth so they keep the doctor --

Ms. Vasconcellos: Right.

Ms. Oliveira-Medeiros: That they have while they're on the other side so I just wanted to add that I think that would make sense to have a pediatrician here if you have that.

Ms. Vasconcellos: Yeah, I agree, and we do have a pediatrician who's been with us almost two years now, and, you know, it's a struggle getting women to change docs once they're out there and deliver the baby and start with a pediatrician out there, but that's just the first visit. Women really should come back to Hana, we have a really great pediatrician doing those services, so that's prenatal care. Okay, what else?

Ms. Oliveira-Medeiros: But then I hear the emergency room thing. I don't think that I was hearing people say they want an emergency room, I think I hear people saying they want an emergency doctor. Is that a difference or --

Ms. Vasconcellos: A little bit different and I'm -- there are two issues here, actually, there's more than that, there's probably three or four. There is -- we may want an emergency room or we may want an emergency doctor; we don't have enough in Hana to keep an

emergency doctor busy. That's the bottom line. We did 56 emergency transports last year, okay, that's 1 patient a week. Finding an emergency room physician willing to work in that kind of environment is going to be extremely difficult to do. On top of which you can't just have an emergency physician without the needed emergency room equipment set up. They don't operate on their own. Without surgery, without x-ray, without blood transfusion capabilities, all the emergency board certified emergency doctor would be able to do was stabilize and transport, which is exactly what's happening now without having an emergency doc, we have family practice doctors. So it is a huge issue.

It also should be known that when the privatization took place, the State did not give HHC a contract for emergency services; that became, basically, the full responsibility of the ambulance personnel. They upgraded the ambulance personnel to include an advance life support paramedic, that was the State's response to the need for emergency care in Hana, and for them it is a dollars and cents issue, and a numbers issue. So they are not willing to support that and, therefore, did not give us a contract to provide the service. We stepped up to the plate with the other money that we've been able to raise by providing access to our physicians 24/7 who work in cooperation with the ambulance personnel and Maui Memorial Emergency Room to stabilize patients in the best way we can and transport them to tertiary care, the hospital. We have not been funded by anybody to do this. We also recognize that there's a huge need to have access to urgent care. We all live here. You know the board. They all live here. This is everybody's families and so we have raised and generated the money in order to keep 24-hour physician coverage available to the community, but we're under no contract with anybody to do that, we've not received any special funding to do that, and we've worked the operations out so that we're able to do that. But there has not been an emergency room here in the 35 years, at least, and, yes, I know people want it, we want a lot of things, but unless there is funding the pay for it and you can find the people willing to live in this environment who would only be seeing or transporting 50 people a year, that's going to be really difficult and you run into the same problem with skill level as you do with OB's; you don't use it, you lose it; and there would not be enough to keep people busy. We had an emergency room nurse, a board certified emergency room nurse who left after six months because he was bored to death, so that's the other thing we're up against. Next one? Dialysis?

Ms. Oliveira-Medeiros: Did you say that the building was probably going to cost the same amount because of inflation or something? I don't know if I missed that.

Mr. Hirano: I said that the 26 million dollars is still a working number that the reduction in size definitely has reduced the capital cost of the building, but the inflation or the escalation in construction material prices have also had an impact to bring prices back up and so we don't have an exact estimate of cost for the project right now because it's conceptual and so I would say that, you know, I asked the architect about the numbers and the 26 million is still an operative number that is a ballpark of what it will cost.

Ms. Oliveira-Medeiros: And then the 50,000, was that for any -- all malpractice insurance? Does that cover all of it or was that just for child birth?

Ms. Vasconcellos: That is a third layer of health malpractice insurance that would cover anything that fell through the cracks, it's a little complicated, but that would cover all other services besides primary care.

Ms. Oliveira-Medeiros: I'm glad you said that you wasn't worried about that.

Ms. Vasconcellos: I'm not worried about that.

Ms. Oliveira-Medeiros: The cost of that because I was trying to figure out what the land taxes might be, from my experience in the past working in real estate, and 26 million, if you count that as an improvement when they do charge the taxes, it's so much per 1,000, right, of the value of the land, right? So if the value of the land is 26 million, and if I remember right, ag is \$4 for every 1,000, that means urban would be at least \$5, unless they're exempt somehow cause it's a hospital, is that --

Mr. Hirano: I don't know.

Ms. Oliveira-Medeiros: Oh, so anyway, if you divide 26 million by 1,000, I think it comes out to 26,000, and if you times that by \$5, I really think it's 5.85 for urban per 1,000, I came out with \$152,000 a year for land taxes so that's -- I was glad you said that that 50,000 wouldn't be a problem.

Ms. Vasconcellos: No, the 50,000 is not the problem.

Ms. Oliveira-Medeiros: That's it for me for now.

Ms. Kanakaole: I think that's why that's such an important question, Mavis, the land tax increase, I mean that's one of my questions along with the change in the zoning, I mean what's possible on that land, I mean it's fine to do the public/quasi-public and give the condition that only a hospital could be built, but the other question is what about the people who live around this place? What happens to them? I mean that's one of my biggest questions right now. What is -- what do you see the longevity of the village, I mean are you gonna have to constantly be asking for money and writing for grants forever and ever?

Ms. Vasconcellos: God I hope not. I really hope not. The wellness village is being planned to be self-supporting so every time we approach a component of the wellness village, once we have the initial start up funding and construction money, the goal is that it will be able to support itself including it's own maintenance and it's staff. Believe me, we cannot put

ourselves in the position of having something that requires ongoing financial support; that's exactly where we are with the health center right now.

And just to comment on the statements being made about the 26 million dollars could be used for medical care, what are we doing, and look at all the money you're spending on consultants and to get through the process. This money that is being used is not money that is appropriated for medical care. The money appropriated for medical care goes for medical care. We are not allowed to use medical care grant money for anything other than providing medical care. So there's been no -- we haven't let anything out on the medical services because we've somehow shifted funds over to move this village forward. We have special designated funds to do this planning and to put this together.

You should also know that we have pretty much maxed out every funding source that there is that provides support for primary health care services, okay. We're already getting funds from just about every grant source that funds these things. The bigger concern should be what happens if those dollars run out, and that is a concern, and that's why we're looking at what else can we do; how else can we fund the services that are needed. When we did all of the needs assessments that we've been doing in the focus groups, the services that are included in this village came up as high priority every single time, not to say emergency services didn't, emergency services were up there also and the need for primary care were up there also, and prevention was also very highly ranked, and the goal is to be able to make those services self-sustaining because we've maxed out the dollars available for primary medical services. So we're not looking to get into chasing grant dollars to keep programs going. We're looking at creating programs that can support themselves.

Ms. Helekahi-Burns: So what is the time span of, that you think, this 26 million dollars will be able to be repaid, I mean, you know, like how long will 26 million dollars -- will you guys be able to make 26 million dollars in order for you guys to break even?

Ms. Vasconcellos: First, we don't have 26 millions dollars. Okay. Second, this is a long-term project. Again, we're taking one component at a time and we're pricing each facility separate so when we get ready to say we're going to do the nutrition center, we determine what the cost of construction will be. In the case of the nutrition center, it's just under 2 million dollars. We're not biting off 26 millions dollars right off the bat. Once again, in the case of the nutrition center, once the nutrition center is built, it will be able to support itself within 18 months, okay. It's not a question of payback, that money for construction is a give me. Once we get it; it's ours; we build it. Our job is then to be able to maintain it and to keep the services funded and we have determined that it will be self-supporting in 18 months. Okay, and we intend to approach every component of the village in exactly the same way. We have an overall business plan that says this can support itself; that's not even enough for us, which is why as we move each component forward, we do another business plan to determine, okay, what's it going to take to break even? When will we

break -- can we break even? Will it generate other revenue that can be moved into health center programs? If it can't meet the criteria, the board is not going to approve moving this forward because we can't pay for it and we cannot touch medical care money to pay for it; that is restricted for medical care. So these components need to be able to stand on their own and the nutrition center is the one I can address now because that's the one we're looking to move forward first and so we've completed that business plan and 18 months will get us there.

Ms. Kanakaole: Can you answer the question about basic medical needs that came up in some testimonies that, you know, about the white blood testing and how come those basic medical needs couldn't be met at the current facility?

Ms. Vasconcellos: We actually have the lab equipment to do the white blood count. We ran into a couple of problems. One is it is so complicated to use the equipment that it takes too long to actually get the test results. That equipment would need to be upgraded to be worthy of actually, and simple enough to use, to about a \$70,000 piece of equipment. We do not have that money, at this point in time, and so we've had to send people out for that test. We just invested about \$30,000 in the equipment we have and it does not do the job in a timely fashion. There are also some new regulations coming down from the State that will require all community health centers and private doctors offices who are doing lab work to have laboratory consultants on staff. Okay, that is going to be interesting to see whether it's going to go through or not, we're hearing it is in the next few months; that will then require us to identify a laboratory director and determine what the cost of that will be in order to do this kind of complex test. So we didn't not do it, we're attempting to do it, we're still attempting to do it, but nothing happens without dollars and that is not a cheap service to provide.

Ms. Kanakaole: Are there anymore questions from the Committee for the applicant? Can the staff reread the recommendation?

Mr. Alueta: I wanna go back to the last page of the staff report. Just to let you know that you have four alternatives for this project and that is: one, is deferral; two, is recommend approval with no conditions; recommend approval with conditions; or recommend denial, so just to -- as your basis. Staff did do -- based on the information provided to us, at the time of generating the staff report and recommendations, we are recommending that the Hana Advisory Committee do recommend approval to the Maui Planning Commission with conditions, and that's on Page 3 of the recommendations report, so it would be a change or amendment from the ag and rural to the urban district, and further that the -- you recommend approval with conditions of the change of zoning from County interim district to P-1 public/quasi-public district to the Maui Planning Commission, and pursuant to Title 19.510.050 that conditional zoning be applied. One, the first condition was that -- that the applicant shall participate in required infrastructure improvements for water, sewer,

drainage, roadway traffic as determined by appropriate County agencies to mitigate impacts resulting from the proposed development; that all future buildings on the site be reviewed and approved by the Urban Design Review Board as conforming to the character of the community as noted in the Hana Community Design Guidelines; that as presented, the proposed guest cottages shall be used exclusively for patients participating in medical programs that require onsite housing as part of the treatment; four, that the applicant shall confirm in writing the significance of the aqua-duct located on the property with DLNR State Historic Preservation Division and perform any mitigative measures recommended by the Department of Land and Natural Resources State Historic Preservation Division; five, that all buildings shall be limited to the maximum two-stories, 35 feet in height; six, was the Department is adding from the comments of the last meeting which was that the kupuna housing be constructed in phase one of the proposed project.

As far as -- that pretty much is -- in consideration of the foregoing, the Department is recommending that you adopt the Planning Department's report memorandum prepared for your original March 10, 2005 meeting as its proposed finding of facts, conclusions of law, and proposed decision and order, and you authorize the Director of Planning to transmit to the Planning Commission on behalf of the Hana Advisory Committee.

Ms. Kanakaole: Thank you. Anything else?

Mr. Alueta: Oh, with regards to Vice-Chair's concerns about the view corridors, you know, your mauka roadway, just for your discussion is just you can look at amending or adding some kind of line to Condition No. 2 that says -- instructing the Urban Design Review Board to review view corridors from Hana Highway to mauka.

Ms. Kanakaole: Okay, Committee, are there any motions to recommend approval or denial of the previously stated recommendations?

Ms. Helekahi-Burns: I make a motion to defer this meeting again until we can get the realty tax increase or whether or not it will be increased because, as of now, that's my biggest concern.

Ms. Kanakaole: Is there a second?

Ms. Oliveira-Medeiros: I'll second it because I didn't get a lot of answers that I wanted from the last meeting. There's no feasibility study, I'm sorry, but I think we really need to see that, and what was the other things? You guys weren't able to contact the land use people. You guys weren't able to answer the tax questions. There's a lot of things still up in the air.

Ms. Kanakaole: Anymore discussion about that? I think that's my biggest -- that's my only issue is the tax increase for the surrounding land owners. I think I have -- I mean I heard

everyone's mana`o and that's my only unanswered question that I really need answered before I make any recommendation. Okay, so let's call for a vote on the deferral of a recommendation.

Mr. Alueta: Madam Chair?

Ms. Kanakaole: Yes?

Mr. Alueta: On -- I wasn't quite sure on the land use. What was the -- I got the real property tax, the land use, and feasibility study, so I wasn't sure what the land use issue was. You had a -- you had three things: real property tax, land use, and --

Ms. Oliveira-Medeiros: I think it was more about exactly what would be allowed if it were to stay the same, what would be allowed if it were to go up a notch, and, you know, to that effect.

Mr. Alueta: Okay, I'll try to provide options there if you -- that's fine. Okay.

Mr. Giroux: Joe, I guess the question is is what could the facility, I guess, do under its current zoning. Is that your question?

Ms. Oliveira-Medeiros: What can be built ...(inaudible)...

Mr. Alueta: Well, like I said, within the rural district, public/quasi-public uses are permitted. It is in the interim district also on the County's side so -- and hospitals and/or sanatoriums are allowed within the interim district, daycare nurseries, museums, churches, libraries, publicly owned buildings, public utility uses, expansions of existing parks or community centers consisting of open spaces with no buildings owned but operated by either private or government agencies. So what we could do is I could provide you the Title 19.02, which is the interim provisions for the interim district and that would cover the front two acres where the existing facility is located and that's pretty much how they operate now is that they're in the rural district and public/quasi-public and then also designated interim. The back half, the ten acres, is ag and also under 205, and they would not -- I can make copies of 205, HRS 205 for you, which it shows the permitted uses within the agricultural district as well as make copies of 19.30(a) which has the permitted uses within the agricultural district and most definitely hospitals are not listed as a permitted use in either the State or the County agricultural --

Ms. Oliveira-Medeiros: The back side?

Mr. Alueta: For the back side, that is correct. So we wouldn't be -- they would have to go through a State special use permit at that point for every use and that's normally a

temporary use, that's a permit that gets renewed all the time or it has to be reviewed, and given the fact that the project is Community Plan for public/quasi-public, we wouldn't recommend that they go that route because you have, the community, theoretically, the community had already said that they wanted to have a public/quasi-public use in this area so -- but I mean I will provide all of that information to you as far as options.

Ms. Oliveira-Medeiros: So what then wouldn't be allowed if it stayed the way it is?

Mr. Alueta: If you kept it the way it is, only the front two acres would be permitted.

Ms. Oliveira-Medeiros: That is for a hospital?

Mr. Alueta: For a hospital.

Ms. Oliveira-Medeiros: But the back is exercise and --

Mr. Alueta: Ag. No, none of that.

Ms. Oliveira-Medeiros: Houses? No?

Mr. Alueta: None of that would be allowed.

Ms. Oliveira-Medeiros: You can't build a house and cottage for every so many acres?

Mr. Alueta: No, one.

Ms. Oliveira-Medeiros: In ag?

Mr. Alueta: One.

Ms. Oliveira-Medeiros: They changed it?

Mr. Alueta: Yes. You get one house and one thousand square foot ohana or agricultural dwelling and it has to be associated with agricultural activity so you have to show that you're actually doing ag or have an ag plan.

Ms. Oliveira-Medeiros: Unless you'd like to go to rural then what? I think I heard these questions and this is the stuff we wanted to ask the land use people because I think it makes a big difference if you can just go up one instead of going all the way up to urban. You know what I mean? Or if it can stay the same and you can still build that.

Mr. Alueta: Right, and I brought this up with -- that's why you saw us huddling trying to figure out if we -- if I -- if we brought up the fact or if we said that change it to rural but that's not what the application before you is so, I mean, in talking with Corporation Counsel, theoretically, you would have to deny the permit, I mean correct me if I'm wrong, Corp. Counsel, but you would theoretically have to deny the application and then the applicant would have to reapply or apply a new permit to change it from what he's proposing to just rural.

Mr. Giroux: Yeah, as the application is now, we can't just ...(inaudible)... change that application because that would be a violation of the Sunshine Law, so it would not be something that has been properly agendaed, so we wouldn't be properly authorized to act upon it.

Mr. Alueta: But, James, if they're not the authority, you know, they're not the one that's making -- even though they're just making a recommendation, that still comes into play? Say they made a --

Mr. Giroux: Well, yeah, if the -- as part of the recommendation would be an explanation that that would be of concern that the land use designation you would rather see it -- but the problem is is that the application is the application and what the applicant does with that is what the applicant does with that, so I mean if in the light of hypothetically if this recommendation is to deny and the reason is that you'd rather see it as a rural instead of a urban designation, then that's something that can be communicated to the next reviewing body, but we can't, in and of itself, just act to change that application.

Mr. Alueta: So those are the three -- four -- or three items that I had so land use, real property tax, and the feasibility study so -- did I miss anything?

Ms. Kanakaole: The applicant have a question? We're in discussion.

Mr. Hirano: I just wanted clarification on what was discussed in the options. You're saying that it would be the district boundary amendment that would go from ag to rural, which would allow public/quasi-public and the project to go forward on that basis, it would be a permitted -- you could go public/quasi-public on the rural, on rural zone land -- rural -- on State rural land? That's the question.

Mr. Alueta: That was the question I had that we were discussing and I -- we kinda -- I think we wanna take that back that we did not bring that forward as an option because we don't have a clear answer on that as to whether -- could you, theoretically, do a State designation of rural but, at the same time, zone it public/quasi-public, or could you -- so that's not -- we're not positive on that, we're going to have to go and do some little research.

Mr. Hirano: I don't -- State ag -- State rural allow for ...(inaudible)...

Mr. Alueta: Well, within the rural district, public/quasi-public are listed as a permitted use. As to whether -- so that's where -- that's where I have to go and --

Mr. Hirano: Do we have 205?

Mr. Alueta: No, we don't have our copy. So, like I said, more things we can research.

Ms. Kanakaole: Okay, thank you. Anymore discussion? Okay, can we call a vote to defer the recommendations by this Committee to a later meeting?

Mr. Yoshida: Well, I would suggest maybe May 19, which is about four weeks from now, because we have to transcribe the minutes of this three-and-a-half hour plus meeting for say board member Romain, who is not here today, and if the Mayor should appoint and the Council should confirm a seventh member within that time frame, they would have to review the minutes of the March meeting and today's meeting and all the documents that have been submitted for the March meeting and today's meeting in order for them to participate.

Ms. Kanakaole: Okay, once again we're voting to defer any decisions made on this recommendation for a later meeting.

There being no further discussion, the motion was put to a vote.

It has been moved by Ms. Helekahi-Burns, seconded by Ms. Oliveira-Medeiros, then unanimously

VOTED: to defer any decision on the recommendations for a later meeting.

Ms. Kanakaole: So the next item is to confirm the date of the next meeting, which was suggested May 19?

Mr. Yoshida: Yes, that's correct.

Ms. Kanakaole: Is there any opposition by the Committee members of that date? Is that a Thursday?

Mr. Yoshida: Yes, that's correct. Is that alright? May 19? Okay, May 19 is the next meeting and that's when we'll have the answers to those questions?

Mr. Alueta: We will try.

Mr. Kanakaole: Okay, that's the last order of business, yeah? Can I call to -- oh, Director's Report.

F. DIRECTOR'S REPORT

Mr. Yoshida: I guess since we're starting a new year, we just wanted -- the composition changes with the addition of new members, we're just wondering if, you know, Thursday is a good day to meet and 4:00 is a good time to meet.

Ms. Kanakaole: Yes.

Mr. Yoshida: Yes, okay, so we'll retain the Thursday at 4:00 meetings. Again, we do meet on an adhoc basis so, you know, we'll keep you informed as to when the next meeting will be. We have a few other Hana region matters to bring forth to the Committee, but they're not ready to be scheduled right now, but we'll keep the board informed as to when and we'll try to give them about two months notice, but we've been averaging about a meeting once every two months for the past six months, and that's all we have to report.

Ms. Kanakaole: Thank you. Meeting adjourned.

G. ADJOURNMENT

There being no further business brought before the Committee, the meeting was adjourned at 7:30 p.m.

Respectfully submitted by,

SUZETTE L. ESMERALDA
Secretary to Boards and Commissions I

RECORD OF ATTENDANCE

Present

Kaui Kanakaole, Chairperson

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Fawn Sherie Helekahi-Burns, Vice-Chairperson
Francine Tolentino
Mavis Oliveira-Medeiros
Melissa Mauliola

Excused

John Romain

Others

Clayton Yoshida, Planning Staff
Joseph Alueta, Planning Staff
James Giroux, Deputy Corporation Counsel