

HAWAII

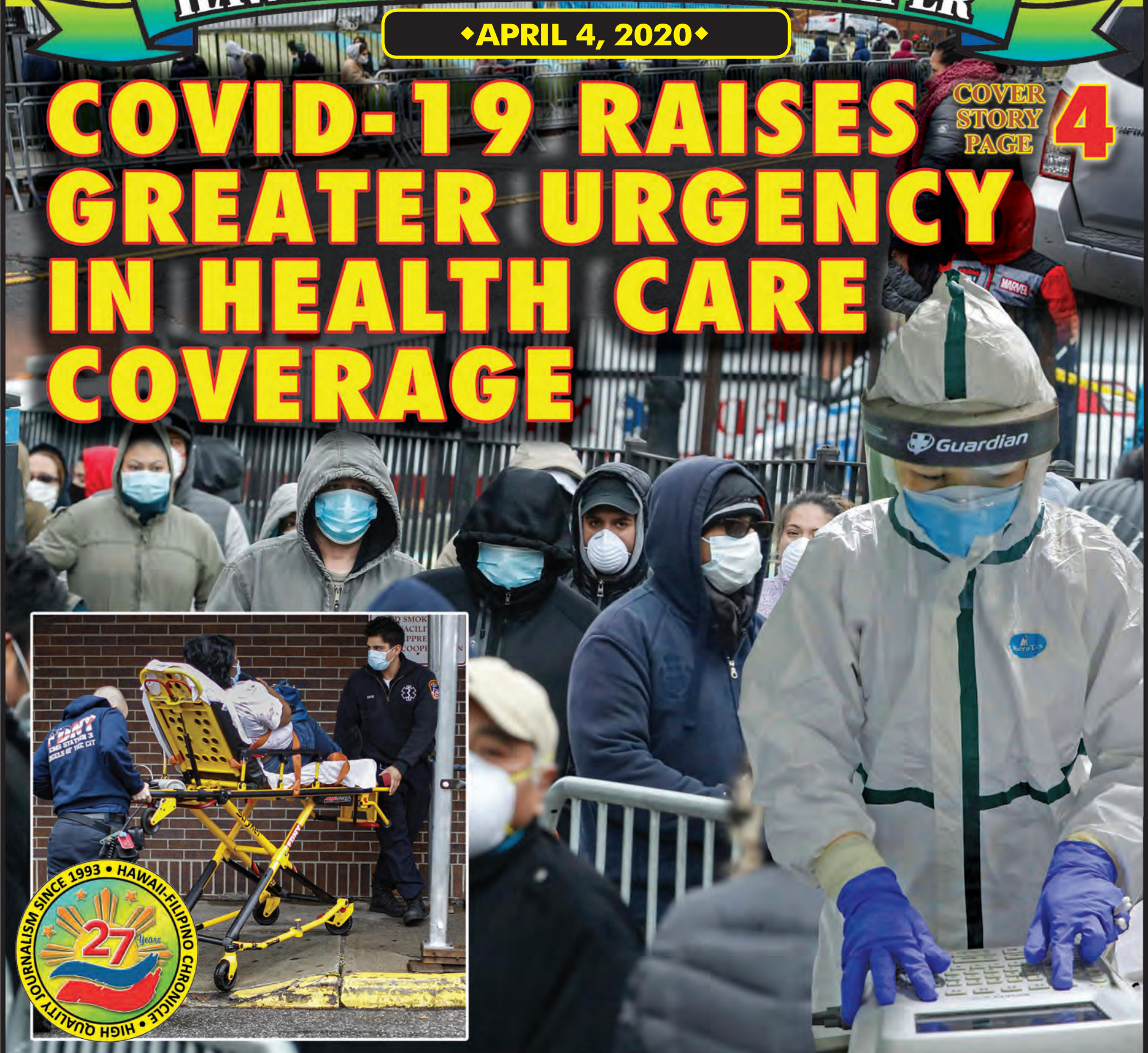
FILIPINO CHRONICLE

HAWAII'S #1 FILIPINO NEWSPAPER

◆ APRIL 4, 2020 ◆

COVID-19 RAISES GREATER URGENCY IN HEALTH CARE COVERAGE

COVER STORY PAGE 4



SBA
7

**HAWAII-FILIPINO NEWS
GUIDE TO HELP SMALL
BUSINESSES AFFECTED BY
COVID-19**

9

**NEWS FEATURE
COLMENARES
APPOINTED SHPDA
ADMINISTRATOR**

11

**CANDID PERSPECTIVES
SOME COVID NOTES
—IGNORE THE PRESIDENT**

15

**MAINLAND NEWS
COVID-19 ECONOMIC RELIEF BILL:
HERE'S WHAT YOU NEED TO KNOW**

HAWAII FILIPINO CHRONICLE
94-356 WAIPAHU DEPOT RD., 2ND FLR.
WAIPAHU, HI 96797

PRESORTED
STANDARD
U.S. POSTAGE
PAID
HONOLULU, HI
PERMIT NO. 9661

EDITORIAL

COVID-19 Crisis Is Revealing the Urgency that Universal Health Care Finally Should Be Implemented in the U.S.

A recent analysis by the reputable Peterson-Kaiser Family Foundation Health System Tracker found that while getting tested for the novel coronavirus (COVID-19) is free, being treated for the respiratory illness could cost up to \$20,000.

People with health insurance through their employer could pay more than \$1,300 in out-of-pocket costs if they're hospitalized with a severe case of COVID-19.

The study also found that 18 percent (1 in 5) patients hospitalized with a severe case of pneumonia ended up with a surprise medical bill from an out-of-network provider (meaning that the patient received treatment from a medical facility not covered by their health insurer).

More than 36 percent (one-third) are worried about being able to afford testing or treatment, and two-thirds of people who don't have health insurance said they worried about the cost of treatment and testing.

Failure of Corporate Media

Corporate media (specifically broadcast) has been doing an adequate coverage on the spread and containment efforts for COVID-19, as well as ways Americans can stay healthy through social distancing and proper sanitary practices.

But what about cost for treatment? There is practically zero reporting on it except that through the Families First Relief Act just passed by Congress testing for coronavirus is free. That is just for testing! With less than one handful private insurers covering COVID-19 treatment, many Americans are unaware of treatment costs and could be surprised with a hefty bill.

Millions of uninsured in this country -- more than 20-plus million Americans -- cannot afford to pay for treatment, as projected by studies. Add to that number, the millions of other Americans who are staying home and not receiving income during this crisis. How would they be able to afford treatment?

And the likelihood that the uninsured seek medical help for COVID-19 is not high because cost is a deterrent. That is fact; and the mainstream media is out of touch with this reality by not addressing this issue on-air, as if this would not have an impact in fighting the coronavirus.

What this means is beating COVID-19 could last longer as the health of the general population is compromised as millions of uninsured might not be getting tested due to fears of cost.

Another glaring omission in coverage related to cost -- while broadcast corporate media is quick to report on the record-breaking 6.6 million Americans filing for unemployment benefits, reporters have consistently failed to talk about most of what these newly unemployed workers are concerned about.

What? Losing their health insurance and not being able to pay for a health emergency, which at a time of a pandemic, is a real concern.

Why isn't corporate media reporting cost and the pitfalls of the health care system in the U.S.? And it's not just during this COVID-19 crisis, but a longstanding pattern exists, even in their bias against candidates pushing for Medicare for All.

(continue on page 3)

FROM THE PUBLISHER

We know that about 50 percent of Americans get their health insurance through their employers. With millions of Americans nationwide losing their jobs due to the novel coronavirus (COVID-19), and even thousands locally, particularly workers in the hotel industry -- the issue of health care is on the minds of many Americans. Health care was already the number one concern among Americans going into the 2020 election year, according to polls. It's more likely, the pandemic will make healthcare, its affordability, its availability, even more urgent.

For our cover story this issue, associate editor Edwin Quinabo writes about the top two Universal health care systems being proposed by Democratic presidential candidates, as well as the current Employer-based, Individual Buy-in private insurance system. The two Universal health care systems -- Medicare for All and the ACA plus Public Option -- are fundamentally different. But both aim to get as many, if not all, Americans covered. Republicans have not offered an alternative to the current system, even as they've attempted to repeal the ACA legislatively and in the courts. The ACA passed Constitutional muster in the Supreme Court under President Barack Obama's administration. But that was a different time with a more liberal-friendly make up. President Donald Trump is seeking to upend the ACA in the courts again (pending) -- the difference, obviously, is the new conservative-led Supreme Court could arrive at a different ruling. In the meantime, both of the Universal health care models are gaining traction. Quinabo presents the models in both a comprehensive fashion and in a way that's easy to understand so that readers can make an educated decision on the issue come election time. Both models will most likely be floated around for quite some time well beyond this election. But you, the voter, can decide which version will get the first opportunity to be implemented by carefully selecting the presidential candidate who reflects your values in what health care should be in the U.S.

Also this issue, HFC contributor Raymund Liongson, Ph.D., contributes a feature exclusive to our newspaper on Dr. Serafin Colmenares Jr, who recently was appointed as Administrator of the State Health Planning & Development Agency (SHPDA) by Gov. David Ige. As SHPDA Administrator, Serafin will be overseeing an agency whose primary responsibility is "promoting accessibility for all the people of the State to quality health care services at reasonable cost." Dr. Colmenares, Jr. joined SHPDA in 2015 as a Comprehensive Health Planning Coordinator and was designated Acting Administrator on July 1, 2019. Congratulations Dr. Colmenares (an HFC staff contributor). We wish you much success in your new leadership role at SHPDA.

HFC's Mark Lester Sanchez informs us of a new student activist organization at the University of Hawaii at Manoa (UHM) called Anakbayan Hawai'i. It aims to bridge Filipino democratic struggles in the Philippines with the local struggles in Hawai'i. It seeks to unite youths from different sectors, particularly within marginalized and indigenous communities, to advance the cause of national democracy in the mother-country as well as in the US.

As the world and our local communities continue to be impacted by the COVID-19 crisis, we're continuing our extensive coverage from last issue to present several articles in this issue as well. HFC columnist Melissa Martin, Ph.D. contributes "Humanity: Best and Worse;" Sanchez submits a second article, "Online Instruction Is Necessary But Won't Cut It, Students Say;" HFC columnist Emil Guillermo writes, "Some Covid Notes—Ignore the President;" and HFC columnist Seneca Moraleda-Puguan writes "Fighting the War." These articles cover different aspects (societal, educational, political, international) of the COVID-19 pandemic.

Please stay safe. And thank you for your continued support. Remember if you can't get a hard copy of our newspaper, we're online for your convenience. Until next issue, warmest *Aloha* and *Mabuhay!*



Publisher & Executive Editor
Charlie Y. Sonido, M.D.

Publisher & Managing Editor
Chona A. Montesines-Sonido

Associate Editors
Edwin Quinabo | Dennis Galolo

Contributing Editor
Belinda Aquino, Ph.D.

Layout
Junggoi Peralta

Photography
Tim Llena

Administrative Assistant
**Lilia Capalad
Shalimar Pagulayan**

Editorial Assistant
Jim Bea Sampaga

Columnists

Carlota Hufana Ader

Elpidio R. Estioko

Emil Guillermo

Melissa Martin, Ph.D.

J.P. Orias

Pacita Saludes

Reuben S. Seguritan, Esq.

Charlie Sonido, M.D.

Emmanuel S. Tipon, Esq.

Contributing Writers

Clement Bautista

Edna Bautista, Ed.D.

Teresita Bernales, Ed.D.

Sheryll Bonilla, Esq.

Rose Churma

Serafin Colmenares Jr., Ph.D.

Linda Dela Cruz

Carolyn Weygan-Hildebrand

Amelia Jacang, M.D.

Caroline Julian

Raymond Ll. Liongson, Ph.D.

Federico Magdalena, Ph.D.

Matthew Mettias

Maita Milallos

Paul Melvin Palalay, M.D.

Renelaine Bontol-Pfister

Seneca Moraleda-Puguan

Mark Lester Sanchez

Jay Valdez, Psy.D.

Glenn Wakai

Amado Yoro

Philippine Correspondent:

Greg Garcia

Neighbor Island Correspondents:

Big Island (Hilo and Kona)

Grace Larson | Ditas Udani

Kauai

Millicent Wellington

Maui

Christine Sabado

Big Island Distributors

Grace Larson | Ditas Udani

Kauai Distributors

Amylou Aguinaldo

Nestor Aguinaldo

Maui Distributors

Cecille Piros | Rey Piros

Molokai Distributor

Maria Watanabe

Oahu Distributors

Yoshimasa Kaneko

Jonathan Pagulayan

Advertising / Marketing Director

Chona A. Montesines-Sonido

Account Executives

Carlota Hufana Ader

JP Orias

The Hawaii Filipino Chronicle is published semi-monthly (twice a month) by The Hawaii Filipino Chronicle Inc. and is located at 94-356 Waipahu Depot, Waipahu, HI 96797. Telephone (808) 678-8930 Facsimile (808) 678-1829. E-mail filipinochronicle@gmail.com. Website: www.thefilipinochronicle.com. Opinions expressed by the columnists and contributors do not necessarily reflect those of the Hawaii Filipino Chronicle management. Reproduction of the contents in whole or in part is prohibited without written permission from the management. All rights reserved. Printed in the U.S.A.

U.S. SBA SMALL BUSINESS JOURNALIST AWARDEE

MEMBER, SOCIETY OF PROFESSIONAL JOURNALISTS

Chona A. Montesines-Sonido

EDITORIALS

Health Care Workers and Hospitals Need Help

The novel coronavirus patients (COVID-19) has been aptly described as a war. And it's unconscionable that health care workers at hospitals throughout the country are not provided the necessary personal protective equipment (PPEs) to keep them safe.

Health care workers are at the greatest risk. In hot spots, they encounter COVID-19 patients daily and typically work in close proximity to one another. Long hours and stress combined also contribute to making their immune systems more vulnerable than normal.

The number of health care workers contracting COVID-19 keeps rising, and already hundreds have been exposed and sent home to self-quarantine.

Hospital workers have been desperately pleading for N95 masks, gowns, and gloves for weeks. But the federal government has been slow to respond, putting health care professionals on the frontlines unnecessarily at risk.

"It's high anxiety," said Sal Rosselli, president of the

National Union of Healthcare Workers. "There's a lack of confidence that the industry is prepared to adequately provide a safe environment for patients that have the virus and for patients that don't have the virus, and provide safe working conditions for the people caring for them."

Hospital workers complain about having to reuse masks beyond what is considered safe. When mask orders come in, often they are used up by the end of the day. The cost of masks also has gone up from about 50 cents each, to as high as \$7 a mask, hospital administrators report.

Confidence is even low on the government's side responding to the national shortage of PPEs. Homeland Security advisor said, "I worry about our health care providers who are in the trenches because any one of them could end up suffering an onslaught of more demand than they have supply. And in a medical capacity when that happens, people can die – and often they do."

One example is Kious Jordan Kelly, a nursing manager at Mount Sinai West who had been treating COVID-19 in

New York, the nation's current epicenter of the pandemic. Kelly contracted the virus himself and died just one week after being admitted to the hospital. He was only in his 40s.

Mount Sinai West released a statement: "We are deeply saddened by the passing of a beloved member of our nursing staff. The safety of our staff and patients has never been of greater importance and we are taking every precaution possible to protect everyone. But this growing crisis is not abating and has already devastated hundreds of families in New York and turned our frontline professionals into true American heroes."

The U.S. Better Prepare

If the federal government doesn't step in and move swiftly, health care workers in the U.S. could suffer the same fate as other countries' health care workers. In China, nearly 3,400 healthcare workers have contracted the virus; 13 have died. In Italy, at last 2,629 health care workers – roughly 8.3 percent of all cases in that country – have contracted COVID-19 from working with inadequate equipment or be-

ing exposed to asymptomatic carriers. In Italy, more than 50 health care workers died from COVID-19.

Hospitals share of Stimulus Package

The recently passed \$2 trillion coronavirus bill includes \$100 billion for hospitals, which will help immensely, even as late as it is.

Hospital CEOs must still determine what the money can be used for and how it can be given out. Among some of the approved uses: for COVID-19 efforts and resources, such as setting up tents and getting test kits, respirators and PPEs, as well as revenue losses which would include payroll.

The federal stimulus measures will give hospitals that treat Medicare COVID-19 patients a 20% payment increase for all services provided.

Critics of the stimulus package say hospitals should have gotten more. Big corporations, without the urgent demands as hospitals, will receive close to \$500 trillion in bail out money. The airlines industry will receive \$60 billion.

The bill also took too long to pass. Instead of waiting to

iron out how much other corporations and the public would get, lawmakers should have passed a separate emergency bill first to fund hospitals immediately.

Other high-risk groups

Besides the vital work health care workers are providing, other workers putting themselves at risk daily by providing essential services during the pandemic must also be helped. Some of these workers include: cashiers, maids, janitors, police, paramedics, fire fighters, garbage collectors, couriers-delivery, health home-aides, fast-food workers and drivers for passengers and truck drivers delivering goods.

Most first responders have adequate sick leave and health insurance, but some of these lower-wage workers have no sick leave or even health insurance. Government must think ahead and help these workers. They're also putting their health at risk for the benefit of the public. Grocery store cashiers, fast-food workers, truck drivers (transporting all goods) are keeping us fed. It's time they, too, receive the respect and protection they deserve. ■

(COVID-19 Crisis...from page 2)

Could it be related to the fact that a large percentage of their advertising revenues comes from the pharmaceutical industry. Within an hour's time, notice how many Big-Pharma ads – the industry pouring billions into lobbying against changing health care – appear on national news programs.

This link – of business influencing editorial content (again, specifically corporate, broadcast media) – is unproven; but it's fair to say that ignoring the hardship of health cost in this crisis is at the very least biased against millions of Americans who are not middle-class and above.

Ignoring a large sector of Americans struggling to pay for health care is not responsible journalism if in fact, mainstream media's audience, is "supposedly" the mainstream. Mainstream

does not mean middle-class and above.

It's time for Universal Healthcare or Medicare for All

One lesson to take from the COVID-19 crisis is that the current health care system in the U.S. is inadequate.

It's time for everyone in this country to be covered by healthcare (universal coverage). Besides for obvious economic reasons, universal coverage should be adopted for moral reasons, as a human right.

What this crisis is revealing so transparently is urgency. A vast majority of Americans support free testing and free treatment of COVID-19 because they see and realize the urgency. Test this theory. Ask everyone you know, family and friends – you'd be hard pressed to find anyone who wouldn't support free testing and free treatment of COVID-19.

But if Americans truly understood the urgency for reforming health care existed even before the COVID-19 pandemic (again, a failure of corporate media), and that tens of thousands of Americans over decades have been dying because they are unable to afford health care, Americans already would have had the political will to make the necessary changes.

Deep down, most Americans are compassionate people, as this crisis is showing. It's true that Americans also love the free market. But when urgency is placed in the context of the COVID-19 crisis, a majority will understand that life trumps the free market.

Put it in another way: are we at a point where we believe as a society that people who've contracted COVID-19 should be left to die because they cannot afford treatment?

Most compassionate, reasonable people would say, "no."

Now, substitute COVID-19 for any other deadly virus or disease in this question. Most likely, if Americans could see what's at stake by not having universal healthcare in this framework, the answer would also be "no."

Let's be clear. The United States does not have universal health care because the powerful corporations in the health care industry are working against it. Everyone already knows the numbers

– unaffordability, the millions uninsured, the millions insured still unable to pay health bills – but it's high time that Americans now see the urgency and the moral right for finally adopting universal health care. ■



Benefits for You:

- Employer-paid medical coverage for team member
- Paid-Time Off (PTO)
- 401K option & much more!



DO SOMETHING MEANINGFUL.

Join The Plaza Assisted Living Team

We want you!!! Come join our team to care for Hawaii's seniors that have done so much in their lifetime. The Plaza works with seniors in many different capacities to provide them a stimulating and caring environment.

APPLY NOW

www.theplazaassistedliving.com/employment
or email resumes to ayokoyama@plazaassistedliving.com

COVID-19 RAISES GREATER URGENCY IN HEALTH CARE, IS IT TIME FOR UNIVERSAL HEALTH CARE?

By Edwin Quinabo

Stay-at-home orders to contain the spread of the coronavirus (COVID-19) pandemic quickly took an immediate and dramatic toll on businesses. Last week a record-breaking 6.6 million Americans filed for unemployment benefits; and experts predict massive layoffs could get worse.

Not only have Americans lost their jobs, the double whammy is they also stand to lose their healthcare insurance at a perilous time when having coverage is critical.

Health insurance tied to employment has always been precarious -- and just one of the major misgivings of the current system, reformers point out. Have a job, have insurance; lose your job, lose your insurance. That's hardly secure. The

logic is plain and simple to follow; but oddly, not convincing enough for some who resist large-scale changes to the U.S. system.

But as the COVID-19 crisis exposes new vulnerabilities, and as public health becomes a priority unlike never before, there could be added urgency for reforms to health care.

Even before the COVID-19 outbreak, health care has emerged as the top policy issue for voters. Democrat presidential candidates have favored one of two versions of Universal Healthcare: 1) Medicare for All, a true single-payer system; or 2) the Affordable Care Act (ACA or Obamacare) with an added Public Option.

Could there finally be a political will for Universal health care in the U.S. (the only industrialized nation not to offer it to its citizens)?

Stanley Cabuslay, 43, was let go from one of the major hotels in Waikiki during the ongoing COVID-19 crisis. He's not one of the lucky ones in his company who was just furloughed and will be recalled to work when the economy and crisis get better. The Waipahu native worked in the hotel industry for all his life since age 18, but only worked for this hotel a little over 5 years. It is the first time he has filed for unemployment.

Stanley was able to sign up for temporary health insurance with the state but is worried what will happen after it expires. The state of Hawaii allows qualified unemployed workers to receive temporary health insurance immediately after losing their jobs or being furloughed, but many other states do not.

"I'm still far away from retirement. So it's not like I can rely on Medicare any time soon. And when hotels start rehiring, there will be a rush for jobs with all the hotel workers who lost their jobs. The guys on furlough are the first to be called back. I don't think the hotels will hire lots of people in the beginning because tourism will get better, but not fast.

"Because my wife was on my health insurance, and now it's gone, I worry about her. I never really thought about things like health insurance for everybody, like what the politicians talk about. I felt, no need worry, because I have a stable job and get my insurance from my company. Now I am in this situation -- and kinda shame because I feel

like I let my wife down, even if it's not my fault -- I think it's a good idea what these politicians are saying about everybody getting health insurance.

"In that situation, no need worry about losing your health insurance if you lose your job. It would be good to know at least my wife will always be safe and covered if she gets sick," said Cabuslay.

Democrats have had bitter, contentious battles through the primary season over which version of Universal healthcare is best suited for the nation. Medicare for All and the ACA with Public Option have considerable differences and not interchangeable.

Medicare for All

Progressive Democrats -- most prominently Sens. Bernie Sanders and Elizabeth Warren -- have pushed for the Medicare for All model. It is a true single-payer healthcare system that would provide everyone living in the U.S. comprehensive health care coverage.

Under Medicare for All,



there would be no networks, no premiums, no deductibles, no copays, no medical bills, period. Prescription drugs, lab and diagnostics services, mental health, ambulatory care, hospital stay, rehab services, and medical equipment would be included in the Medicare coverage, as well as dental, hearing, and vision.

How would government afford paying for Medicare for All? Both Sanders and Warren supported an "extreme wealth" tax on billionaires. Sanders spoke more openly than Warren about increasing income taxes on Americans (besides a wealth tax) to also help pay for Medicare for All.

A single-payer system means that government would run the one insurance coverage plan for all Americans. Medicare for All advocates claim having a single-system would dramatically reduce medical administrative costs by as much as 30 percent, which would also help to make the ambitious program more affordable.

As a not-for-profit entity, the government would not be pressured to clear high profit margins or answer to investors, which savings would also keep health care more affordable.

The single-payer aspect of Medicare for All is what differentiates it from other universal health care systems proposed. The term "Universal" coverage means that everyone will have insurance, but not necessarily mean that government would be the sole insurer.

The main criticism behind the single-payer system is that all Americans must opt into the system and they cannot keep their existing plan. This is a political hard sell as many Americans are resistant to major changes. But once established, Americans would be able to visit any doctor of their choosing. An added plus, there would be no waiting for insurance approval on procedures.

Patients would not be billed by their doctor or provider. Physicians would bill the government and money would be taken from one central fund.

The biggest advantage under Medicare for All is patients would ultimately pay less in medical insurance, procedures and prescription drugs than under the current system, even though income taxes would go up. There would be a net savings from the current system, Medicare for All advocates claim.

Under Medicare for All, employers would be lifted of the burden of offering health insurance to their employees, which could free up the resources of businesses for other operational costs.

Medicare for All has broad support among Americans in most polls. According to RealClear Opinion Research, 82 percent of Democrats support Medicare for All, 50 percent among Independents, and 50 percent among Republicans.

"We know that health care was a primary driver of success

(continue on page 5)

Keep updated on the latest Filipino-American news in Hawaii!

FOLLOW and LIKE the Hawaii Filipino Chronicle on



COVER STORY

(from page 4)

for House Democrats in 2018, but what this poll shows is the importance this issue still holds in the 2020 cycle,” said John Della Volpe, polling director for RealClear Opinion Research.

But Medicare for All has been opposed fiercely by the private health insurance and pharmaceutical giants that have flexed their political muscle to brand the system as unrealistic, too costly, un-American, and socialist. Their lobbying efforts and campaign donations to politicians – to the tune of billions – have been successful in fending off real changes to the American health care system for decades, despite millions of Americans finding the health costs increasingly unaffordable.

The single-payer model has been floating around for decades even before it has been linked at the hip to Sanders or Warren. Political analysts believe even if Sanders fails to get the Democratic nomination, it is a movement that will continue.

Affordable Care Act (ACA or Obamacare) with Public Option

ACA is touted as universal healthcare, but experts agree that it is more of a vehicle towards achieving universal healthcare.

It is not a single-payer system. It is offered as an option to Americans who cannot afford traditional private health insurance. Under this system, private insurers would still exist.

Moderate Democrats, including presidential front-runner former Vice-President Joe Biden, aims to expand ACA and get the estimated 20-million plus still uninsured, insured under ACA.

ACA was made into law on March, 2010 and was successful in raising the numbers of insured. In 2012, there were 45.6 million people in the U.S. without health insurance. By 2016, that number is estimated at 27.3 million.

Since President Donald Trump took office, ACA-enrollment has seen a drop and the number of uninsured rose from 27.3 million in 2016 to 28.6 million in 2018.

ACA, because of its longevity, is seen as more reliable, at least compared to the untested Medicare for All model. ACA managed to pass Constitutional muster when challenged in

the Supreme Court. But it is still considered vulnerable, and nearly suffered a fatal blow when Trump and the Republican-controlled House and Senate attempted to repeal it. One Senate vote saved ACA from being axed. ACA is also being challenged in the courts once again and could be taken up after the elections, by this time, a conservative-majority Supreme Court.

On the 10th anniversary of the ACA, Sen. Mazie Hirono called on the Trump administration to abandoned his efforts to repeal the law. She said, “The American people should never have to worry that their President will pull their health insurance out from under them, but they especially shouldn’t have that fear during a pandemic. The Affordable Care Act gives millions of Americans the peace of mind and the financial means to access health care, ensuring personal health and promoting public health. It’s cruel to continue asking the courts to invalidate the ACA and pursuing your various other approaches to take away health care protections in the midst of the deadly COVID-19 outbreak.”

ACA is far from the guarantees proposed in Medicare for All. But it has improved health care in significant ways – insurance companies can no longer deny coverage or charge higher premiums to people with pre-existing conditions and young people can stay covered by their parents’ plan until age 26.

The biggest criticism of ACA is it hasn’t had an effect in curbing healthcare costs and prescription drugs to those who are not enrolled in the program. Premiums, co-pays, and deductibles from private insurers are still considered unaffordable to millions of Americans. Hospital care, especially long-term care, is still driving Americans into bankruptcy.

Critics of ACA say what good is universal coverage (getting most Americans insured) if the cost remains unaffordable.

To address lowering cost, this is where the new “Public Option” feature of ACA is being touted this election cycle. Under the Public Option, Americans would be able to enroll in a government-run health insurance agency or insurance plan to compete alongside private insurers.

The plan would be available

on the ACA exchange already set in place. Government’s massive resources -- and that it would not be a for-profit entity -- in theory could lower health care for enrollees of the Public Option. Government would have leverage to negotiate lower rates across the board.

But again, it’s unclear how outside of the Public Option feature, the overall cost of health care would be reduced.

ACA, plus Public Option’s main selling point is that people who are content with their current health insurance can keep it. ACA is optional to sign up for.

The devil is in the details, the saying goes. Just as supporters for Medicare for All have been criticized for not being clear on how it would be paid for, proponents of the public option plan also has not delved into the nitty gritty details.

Employer-sponsored and Individual buy-in insurance

Republicans have not offered a comprehensive health care option except to favor repealing the ACA. Not offering a replacement can only suggest that the default would be the acceptable, better plan, to them.

What is the default? Employer-sponsored insurance and Individual buy-in insurance – basically private insurance. About half of all Americans who have insurance, more than 150 million people, get their health insurance through their jobs, private insurance.

The biggest drawback of this system is cost, which is rising at a faster rate than inflation -- a reason why most people find it harder each year to keep up with. Since 2008, average family premiums have increased 55 percent, twice as fast as workers’ average earnings and three times as fast as inflation.

The cost of annual premiums for a family plan cost almost \$20,000 a year. Of that total, workers contribute roughly \$5,550 and employers pay for the rest. Deductibles have also risen swiftly, according to the Kaiser Family Foundation.

Under this system, there are layers upon layers of why cost containment has been unsuccessful. All players in the system point to each other as reasons for why private health insurance is expensive. But the bottom line, is that all players in

“The American people should never have to worry that their President will pull their health insurance out from under them, but they especially shouldn’t have that fear during a pandemic. The Affordable Care Act gives millions of Americans the peace of mind and the financial means to access health care, ensuring personal health and promoting public health. It’s cruel to continue asking the courts to invalidate the ACA and pursuing your various other approaches to take away health care protections in the midst of the deadly COVID-19 outbreak.”

—SEN. MAZIE HIRONO

the system are enjoying healthy profit margins, with the pharmaceutical industry having the highest profit margin levels of all private industries in the U.S.

This system also doesn’t address the millions who are outside of the system, roughly half of Americans – people who do not have employers; people who do not have their own means to buy individual plans for themselves or their family; people who are workers, but do not make enough income; people who have employers, but their employers are not required (in many states) to extend health insurance to their employees; people who are working two or three part-time jobs, none of which offer health insurance.

The rapid rise in cost of health insurance is also putting

a strain on small businesses that do offer workers health benefits.

Critics of this system call it a system of the “haves” and “have-nots.”

Those under the system frequently talk about excellent health care and flexibility to choose their doctors and health care providers. The caveat overlooked, though, is they can continue to partake in those services as long as they remain employed in that same company (companies sign up for different programs) and stay healthy. Employees who suddenly become too ill to perform their job duties can be let go. And the security they thought they had is no longer there when they need it most, as well as the coverage extended to their spouse and children.

(continue on page 6)



**ULTIMATE
INNOVATIONS INC.**

QUALITY LANDSCAPE SERVICES
Design • Install • Maintain

NOW HIRING

We are seeking full-time employees to join our team:

- Crew Leaders, Maintenance
- Installation Field Supervisor
- Groundskeeper, Maintenance (*must have a valid driver's license*)
- Irrigation Technician/Helper
- Arbor Tree Climber/Trimmer
- Janitorial Workers

Driver's License and clean driver abstract is required for some positions listed

Benefit package that offers:
100% paid medical, dental, drug, vision, life insurance for employee;
paid vacation, sick, holidays; uniform shirts provided.

Apply in person at 2908 Kaihikapu Street Honolulu, HI 96819
Apply on-line at www.ultimateinnovations.com (click on employment)
Email resume to hr@ultimateinnovations.com
Please contact Human Resources at 808-523-6067
for more information. Mahalo



By Melissa Martin, Ph.D.

Humanity: Best and Worst

“A Tale of Two Cities,” by Charles Dickens, a classic that sums up life and death from the beginning to the ending. The human history is a narrative of war and peace, but also health and disease on planet Earth. And the lesson we continue to learn is that health is wealth. And people need people.

“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair.”

Our world is a two-sided coin with joy and tragedy. Our world is a double-edged sword with good and evil. Angels and demons. Fear and faith. However, between the black and white dichotomy, shades of gray exist.

The worst of times. A re-

cent story by journalist Steve Knight in *The Herald-Zeitung* tells the tale of shock, anguish, despair. T.J. Mendez from Texas died from complications of the COVID-19 virus, according to his family. Angela Mendez said her 44 year-old husband was a healthy man who didn't smoke or drink. He worked out, ate healthy and took vitamins every day.

A husband, father of six children, kindergarten teacher, and a man of faith. “T.J. was a devoted Christian man,” said Pastor Ray Still of Oakwood Church. “He loved his wife and children, his Lord and the Lord’s church and served it faithfully. He will be greatly missed. All the people of Oakwood Church grieve with his wife and children and their loss.” www.herald-zeitung.com.

Why did T.J. Mendez die so young? I don't know. All I know is that God is Alpha and Omega and there is an afterlife. Tears and prayers for this family.

The worst of times. More than 600,000 people have been infected and at least 28,000 have died worldwide, according to Johns Hopkins University Coronavirus Resource Center. United States



has become the epicenter of the coronavirus pandemic, with 100,000 confirmed infections and 1,600 deaths. Visit www.coronavirus.jhu.

The worst of times. Individuals and businesses that price gouge during a disaster. “Attorneys general from California to Washington, D.C., say, companies must do more than play ‘whack-a-mole’ and should immediately adopt policies that deter price gouging and give consumers a way to report violations. They also are urging companies to have a system in place

to trigger price-gouging protections whenever there’s a natural disaster, epidemic or other emergency,” according to a recent article in *USA Today*.

The best of times. The Guardian Angels are stepping in to care for the city’s most vulnerable population — the homeless and emotionally disturbed — who seem to have been forgotten as New York City shuttered over coronavirus concerns, according to Craig McCarthy of *The New York Post*. On Saturday alone, the volunteer do-good-

ers helped more than 400 city vagrants clean up — and gave out 382 care packages. The supplies were donated or purchased by the group. Visit www.nypost.com.

The best of times. Schools and organizations that pack lunches for children during pandemic. Medical professionals that work tirelessly to help patients. People helping people.

The pandemic has confirmed we are one people, on one planet, connected by life and by death. We all inhale and exhale air. We all bleed red. One race—the human race.

“We live in a world in which we need to share responsibility. It’s easy to say, ‘It’s not my child, not my community, not my world, not my problem.’ Then there are those who see the need and respond. I consider those people my heroes.”—Fred Rogers ■

MELISSA MARTIN, Ph.D., is an author, columnist, educator, and therapist. She lives in Ohio. www.melissamartinchildreauthor.com.

(COVER STORY: COVID-19 Raises ...from page 5)

Medicare

Medicare is a federal program created in 1965. It provides health insurance for roughly 60 million elderly and disabled Americans. It covers hospitalization, rehabilitation and doctors’ visits, but not vision, hearing, dental and long-term care.

Medicare enrollees pay premiums, have deductibles and typically pay 20 percent of many medical services.

To help with expenses, Medicare enrollees usually buy supplemental Medigap plans from private insurers. As of 2006, Medicare began offering prescription drug coverage -- through private insurers that contract with the government. But seniors who have chronic illnesses frequently complain of costs even with the private prescription drug coverage they purchase.

About one-third of Medicare participants are enrolled in Medicare Advantage plans offered by private insurers. Medicare Advantage will cover many areas that the Medicare

base coverage (provided by the government) will not, but it will come at additional cost.

Bernie Bernales of Kailua, retired, said he is satisfied with his healthcare coverage. “My health coverage is the group custom Medicare Advantage Plan with prescription drugs, also known as Medicare Part C. It has all the benefits of Medicare Part A (hospital) and Part B (doctor and outpatient care) and extra programs that go beyond the original Medicare Parts A and B. I can choose to see any healthcare provider I want, in and out of network. Added value are: free routine hearing and vision testing, assistance for hearing aids cost and reduced drug prices. Also included are house calls, nurse line, annual physical and wellness visit, virtual visits, silver sneakers, and covered preventive care.”

Seniors opinions on health care coverage vary. Some favor not making big structural changes; some would want government to expand the base Medicare coverage so they do

not have to buy supplemental gap insurance, which is increasingly becoming costly.

On the COVID-19 crisis relating to health care, Bernales said, “the low-income, the poor and the homeless are the ones that are most affected. They do not have the resources to pay for extended COVID19 healthcare expenses. It is reported that after being declared well, the patient does not fully recover. Long-term care is needed at home or healthcare facilities. For those with limited resources, full recovery will then be an uncertainty. There must be a plan to take care of the most vulnerable segment of our population.”

2020 election

Before the COVID-19 crisis polls showed health care, specifically making it more affordable and widely available, was the number one issue for registered voters. Did the pandemic change that or make the issue even more urgent. Only time will tell as the General Election approaches. ■

LEEWARD OAHU REHAB SERVICES

We offer the following services:

WORK AND NO-FAULT RELATED INJURIES

RECONDITIONING

ORTHOPEDIC EVALUATION AND REHABILITATION

NECK PAIN

BACK PAIN

Business Hours:

Tues. & Thurs., 3 - 6 PM

Sat., 2 - 5 PM

94-356 WAIPAHU DEPOT RD., WAIPAHU, HI 96797

(808) 671-5928



VILMA D. FUENTES, Doctor of Physical Therapy

HAWAII-FILIPINO NEWS

Schatz Releases Guide to Help Small Businesses Affected by COVID-19 Access Funding

U.S. Senator Brian Schatz (D-Hawai'i) released a resource guide to help Hawai'i small businesses better understand how to access federal loans and new programs established under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

"This new law will help Hawai'i small businesses meet their payroll and provide people with paychecks for up to eight weeks," said Senator Schatz, a member of the Senate Appropriations Committee. "As more federal help becomes available, we'll continue to work to provide more information about how Hawai'i families and businesses can access these new resources."

The bipartisan \$2 trillion CARES Act is the largest aid package in American history and was signed into law. The new law creates a Small Business Administration (SBA) loan program, called the "Paycheck Protection Program" (PPP), that expands benefits and eligibility for SBA disaster loans, covers payments on existing SBA loans, and creates new tax credits to help cover the cost of paid leave and payroll.

SBA Paycheck Protection Program

The Paycheck Protection Program provides small businesses with zero-fee loans of up to \$10 million to cover payroll and other operating expenses. Up to 8 weeks of payroll, mortgage interest, rent, and utility costs can be forgiven. Payments on principal and interest are deferred for one year.

SBA Economic Injury Disaster Loans

The CARES Act creates a new emergency grant of \$10,000 for small businesses that apply for an SBA economic injury disaster loan (EIDL). EIDLs are loans up to \$2 million with interest rates of 3.75% for businesses and 2.75% for nonprofits, and principal and interest payments deferred up to 4 years. The EIDL loans may be used to pay for expenses that could have been met had the disaster not happened, including payroll and other operating expenses. The EIDL grant does not need to be repaid even if the applicant is denied an EIDL. A small business may apply for an EIDL grant and a Paycheck Protection loan. The EIDL grant will be subtracted from the amount of the Paycheck Protection loan that is forgivable.

Debt Relief for New and Existing SBA Borrowers

For small businesses that already have an SBA loan (such as a 7(a), 504, or microloan) or take one out within 6 months after the CARES Act is enacted, the SBA will pay all loan costs for borrowers, including principal, interest, and fees, for six-months. SBA borrowers may also seek an extension of the duration of their loan and delay certain reporting requirements.

Relief for Small Business Government Contractors

If you are a government contractor, there are a number of ways that Congress has provided relief and protection for your business.



U.S. Sen. Brian Schatz

Agencies will be able to modify terms and conditions of a contract and to reimburse contractors at a billing rate of up to 40 hours per week of any paid leave, including sick leave. The contractors eligible are those whose employees or subcontractors cannot perform work on site and cannot telework due to federal facilities closing because of COVID-19. If you need additional assistance, please reach out to your local Small Business Development Center, Women's Business Center, SCORE chapter, or SBA District Office.

Employee Retention Tax Credit

The CARES Act creates a refundable payroll tax credit for businesses, large and small, that retain their employees during the COVID-19 crisis. Employers are eligible if they have been fully or partially suspended as a result of a government order, or they experience a 50% reduction in quarterly receipts as a result of the crisis. For employers with 100 or fewer full-time employees, they may claim a credit for wages paid to all of their employees, up to \$10,000 a person. For employers with more than 100 employees,

they may claim a credit for those employees who are furloughed or face reduced hours as a result of the employer's closure or economic hardship. The Department of the Treasury is authorized to advance payment of the employee retention tax credit. This tax credit is not available if the employer takes an SBA paycheck protection loan.

Payroll Tax Delay

The CARES Act allows employers to delay paying the employer-portion of payroll taxes through the end of 2020. The deferred amount is due in two installments - 50% is due before December 31, 2021, and the other 50% is due before December 31, 2022. Deferral is not available if the employer takes an SBA paycheck protection loan.

Advance Payment of Tax Credits for Paid Leave

The CARES Act allows the Treasury to send advance payments of tax credits available to employers that are required to provide up to 12 weeks of coronavirus-related paid leave to their employees.

Business Tax Relief

The CARES Act provides other forms of tax relief for businesses, including loosening requirements for net operating losses, and limitations on business interest deductions. The CARES Act also permanently fixes the qualified improvement property (QIP) error in the 2017 tax law, so that QIP investments are entitled to 100% recovery over 15 years. Distillers are exempt from excise taxes on undenatured alcohol for the purpose of producing hand sanitizer.

Delay for Single Employer Pension Plans

Single employer pension plans are allowed to delay quarterly contributions for 2020 until the end of the year. Employers may also use 2019 funded status for the purposes of determining funding-based limits on plan benefits for the plan years that include 2020. ■

State Tax Deadline Extended

Gov. David Ige announced the state is extending tax deadlines for the Hawai'i 2019 individual and corporate income tax filing and payments. The deadline is extended from April 20 to July 20.

Taxpayers do not need to take any action to participate in the tax relief program. The department is making necessary system changes to include the new dates. However, taxpayers expecting a refund for tax year 2019 should file as soon as possible. ■



BALIKBAYAN BOXES

LBC HARI NG PADALA

GRACE LARSON

BIG ISLAND AGENT of LBC

211 MAKANI CIRCLE
HILO, HI 96720
808-640-1540
808-960-6006
Fax: 1-866-663-1453
raven_reuboni@yahoo.com

Drop-off Your Balikbayan Boxes at Two Big Island Courier locations!

Come visit us at our Authorized Partner locations:

HILO WAREHOUSE
831 Leilani St., Hilo, HI 96720



Business Hours:
Monday to Friday
8:00 am - 10:00 am or 3:00 pm - 6:00 pm
Sundays: 1:00 pm - 4:00 pm

KONA
73-4776 Kanalani St. Unit #12
Kailua Kona, HI 96740



Business Hours:
7:00 pm to 4:00 pm, Sundays only

CALL TO SCHEDULE YOUR PICK-UP!

Grace Larson
(808) 640-1540
Joy Luea (Kona)
(808) 937-0663

 **We Like To Move It**

(800) 338-5424 www.LBCexpress.com f /LBCexpress @LBCexpress

www.allparalegalservices.com

Online Instruction Is Necessary But Won't Cut It, Students Say

By Mark Lester Sanchez

As the rest of the world grappled with the mounting uncertainty brought in by the COVID-19 outbreak in the previous weeks, many colleges in the US, to curb further spread of the deadly virus within campuses, had taken it upon themselves to forego altogether in-person classes and resort to virtual classrooms. Though initially well-supported by many school institutions throughout the country, online instruction's glimmering prospect has quickly grown less and less brighter as the grim reality of an indefinite shutdown settles in on campuses, with many schools desperately opting in for online instructions for the rest of the academic year.

Students, however, are ambivalent.

"I was relieved I no longer have to take a 1.5 hour-long bus commutes to and from school," said Germain Lindsay Juan, a second-year Computer Science student at the University of Hawai'i-Mānoa. Yet Juan also admitted she worries about how classes will function online. "My learning experience relies heavily on face-to-face interactions," she said, and that "receiving feedback for my work seems to be more convenient and faster when it is in person."

Upon learning the news delivered by UH President David Lassner on March 12, Juan said she had mixed feelings. The email instructed for all UH campuses to shut down and ease into "online delivery of courses" after the spring break and through April 13. With limited outside interactions, though, Juan is concerned about her overall mental health. She explained

staying at home all day might make "me vulnerable to relapsing into old habits," noting that "my activities are now limited in the amount of space in my house."

For some students, the drastic shift seems not so much consequential. "Honestly, I was oblivious about shifting to online classes since I don't have any classes," said Adrian Gajigan, a third-year graduate student at UH Mānoa. He said that "as long as research facilities are open, I can still work and learn."

When asked if the drastic move is necessary, both Juan and Gajigan agree so. "I don't know any other way," Juan said, noting that community spread is inevitable within in-person classes. "People are going to be within six feet of each other in classrooms. If someone coughs the virus will only circulate in the air."

Gajigan, though, believes it still won't be enough. "I think a complete shutdown is neces-



sary but only with mass testing," he said. "[Closing down campuses] will slow the disease down, but once shutdown is lifted, and not enough testing is done, it will only spread again unless people developed immunity to it," he said.

Though both had experience taking online classes, Juan and Gajigan acknowledged that virtual mode of instruction just won't cut it. "I definitely did not take my online classes seriously," Juan confided, explaining that "the process was only manageable and easy because the classes were designed to be online classes. They didn't need to have lectures." This

Gajigan seconds, stating that with so many distractions online, students will only end up learning less.

"[Online classes] are just supplementary to traditional one-on-one classroom and in person fieldwork and laboratory experience," Gajigan explained, who, as an Oceanography student, spends a prolific amount of time in a science laboratory. "There's no substitute in doing an experiment on your own and seeing it with your own eyes," he said, noting that "students don't have the necessary scientific equipment at home."

(continue on page 13)

A very good team just got even better...



The Primary Care Clinic of Hawaii
would like to welcome our newest physicians:



Seiji Yamada MD

*Diplomate, American Board of Family Medicine
Professor, John A. Burns School of Medicine
Named one of PBN's "Best Physicians 2019"*



Daniel Gallares MD

*Diplomate, American Board of Internal Medicine
Assistant Clinical Professor, John A. Burns School of Medicine*

Ready to see patients at our Waipahu
Office, located at 94-837 Waipahu
Street, Waipahu, HI 96797.

Contact No. (808) 671-3911



NEWS FEATURE

EXCLUSIVE TO HAWAII FILIPINO CHRONICLE

COLMENARES APPOINTED SHPDA ADMINISTRATOR

By Raymund Liongson, PhD

On a letter dated March 6, 2020, Hawaii Governor David Ige appointed Dr. Serafin Colmenares Jr. as Administrator of the State Health Planning & Development Agency (SHPDA), an administratively attached agency in the Department of Health. The appointment is for a term that will expire on June 30, 2023 and shall take effect on July 1, 2020, subject to confirmation by the Senate.

Jun, as he is known to his family and friends, joined SHPDA in 2015 as a Comprehensive Health Planning Coordinator and was designated Acting Administrator on July 1, 2019 following the departure of the previous administrator, Romala Sue Radcliffe.

As SHPDA Administrator, Jun will be overseeing an agency whose primary responsibility is “promoting accessibility for all the people of the State to quality health care services at reasonable cost.” Under Chapter 323-D of the Hawaii Revised Statutes

(HRS), SHPDA has the following functions:

1. administer the State’s Certificate-of-Need (CON) program. A CON is required to construct, expand, eliminate, initiate or modify a health care facility or services in the State of Hawaii.
2. prepare, revise and implement the State’s Health Services and Facilities Plan (HSFP). The HSFP is the guiding document for both the CON process and health care services planning in Hawaii. It addresses the health care needs of the State, including inpatient care, health care facilities, and special needs. The plan depicts the most economical and efficient system of care commensurate with adequate quality of care and includes standards for utilization of health care facilities and major medical equipment.
3. conduct studies and investigations regarding the causes of health care costs.



Dr. Serafin Colmenares Jr. (right) with Hawaii Governor David Ige and wife, First Lady Dawn Ige.

4. promote the sharing of facilities or services by health care providers to achieve economies of scale and restrict unusual costly services; and
5. conduct coordinated health planning activities and determine the health needs of the State.

SHPDA collects healthcare services utilization data from providers across the State and produces an annual Utilization Report. The

report is used as a tool to assess health care services utilization, trends, needs, and costs by CON applicants, providers, healthcare market analysts, economists, researchers, etc. In collaboration with other agencies, SHPDA also plays a leadership role in the collection of data and maintenance of Hawaii’s All Payer Claims Database (APCD).

(continue on page 12)

Alamin kung bakit mas maraming tao sa Hawaii ang pumipili sa mga UnitedHealthcare Dual Plans.



Mas maraming tao sa Hawaii na may Medicare at Medicaid ay nakatala sa isang **UnitedHealthcare Dual Complete® plan** kaysa sa lahat ng pinagsama-samang iba pang kakumpitensya.¹ Kung taglay mo ang dalawang kard na ito, tawagan kami upang malaman kung kwalipikado ka sa aming plano. **Kabilang sa karamihan ng mga plano ang:**

Mga premium sa seguro na kasingbaba ng \$0.

Hanggang sa \$2,500 na para sa mga serbisyo sa ngipin.

Hanggang sa \$1,100 na pambili ng mga produktong pangkalusugan na maaaring kailanganin mo.

\$0 copay para sa hanggang 20 pagbisita para sa acupuncture at chiropractic kada taon.

Nakahanda kaming tumulong.
1-808-796-5577, TTY 711

UHCCP.com/HIdual



¹Datos sa mga miyembro ng Hawaii Dual ayon sa CMS noong 2/1/2020. Nakaseguro ang mga plano sa pamamagitan ng UnitedHealthcare Insurance Company o isa sa mga kaakibat na kompanya nito, isang organisasyon ng Medicare Advantage na may kontrata sa Medicare at kontrata sa Programang Medicaid ng Estado. Ang pagpapatala sa plano ay depende sa pagka-renew ng kontrata ng plano sa Medicare.
Y0066_191204_124814_M

AS I SEE IT



By Elpidio R. Estioko

I Never Thought of Joining the Academy – Fil-Am Cadet Eurica Shane Diego

Almost all cadets entering the U.S. Military Academy at West Point aspired and planned their entry to the military institution big time!

In the case of 21-year-old Filipino-American Cadet Eurica Shane Diego, born in Baguio City, Philippines who immigrated to Hawaii with her Filipina mother Sheleah Watson at the age of seven, she never thought of joining the military, no less the prestigious West Point.

It was in her senior year at Kahuku High School in North Shore, Oahu that Diego dreamed of bigger things, bigger than herself, serving other people, and giving back to the community... only to find her-

self joining the military after graduation.

In an interview, Diego confessed that she never thought of entering the military, not even USMA West Point. Her dad encouraged her while her commander in Junior ROTC in high school, Col. Douglas Jackson, influenced her to join. She went to West Point summer camp for two weeks and she loved the experience. "That must have been the turning point," she said.

After graduating from West Point, she plans to serve the Academy for about five years and then decide if she will continue serving or join the private sector.

As to which branch of the military she will be serving, she said she doesn't know yet. Unlike our civilian notion of them selecting which branch they will serve, she said that during their senior year, they



L-R, sitting: Ian, Eurica, George, Sheleah (mom). Standing: Durrah (dad); Emmet

are subjected to a process indicating their preference.

From there, the Academy will match where they will be assigned. She went through this process already, but she still doesn't know where she will be serving. She will be graduating on December 18, 2020 and by that time; she would know which branch she will serve.

When asked if she ever thought of quitting the Acad-

emy, she said that "at some point, yes. But I thought of the reason why I joined in the first place where I wanted to serve the people and my family."

Diego treasures and enjoyed her stay and the things she learned at the Academy.

"I enjoyed building relationships because the academy is people-based and I learned a lot of important things in life and enjoyed my stay," she said.

"I love my fellow cadets because they help us when they see one of us struggling. They come to our aid and vice versa."

As to gender issues and ethnicity, she said she never encountered an issue based on her Filipino ethnicity. But "gender-wise, there is a big discrepancy between males and females in the Academy, but the Academy is addressing this gender equality. They are doing steps to address this issue."

Diego recommends USMA at West Point to the youth, especially to women and Fil-Ams. "It is the best place to develop their personality and character," she said. "This is a reputable institution for character-building." ■

ELPIDIO R. ESTIOKO was a veteran journalist in the Philippines and an award-winning journalist here in the US. For feedbacks, comments... please email the author at estiokoelpidio@gmail.com.

HAWAII-FILIPINO NEWS

HI Ranked 4th for Most Residents Having Health Insurance, Study Says

By Jim Bea Sampaga

Hawaii ranked high for the most residents having health insurance and most routine doctor visits but ranks low when it comes to getting flu shots, according to a 2019 Centers for Disease Control (CDC) report.

Health Testing Centers (HTC), a personalized preventive care company, ana-

lyzed CDC's 2019 Behavioral Risk Factor Surveillance System (BRFSS) Report and found that Hawaii is doing well in preventive health.

Hawaii ranked #4 for most residents with health insurance last year at 93.3%, after Washington (94.6%), Vermont (93.7%), and Massachusetts (93.5%). According to the CDC, residents without health insurance were three times

more likely to not see a doctor in the past 12 months. Additionally, they are also less likely to receive preventive health screenings for blood pressure, cholesterol, breast cancer and colon cancer.

When taking precautionary measures, Hawaii ranked 9th for most residents with routine health checkups in the last year at 80.1%. Nearly 1 in 4 Americans had not seen

a doctor for a routine exam in the past year, according to CDC. However, when it comes to getting the yearly flu shot, only 1 in 3 Hawaii residents take the time to

get their flu shot.

To read more of HTC's analysis of CDC's 2019 BRFSS Report, visit healthtestingcenter.com/state-preventive-health-care-america/. ■

Survey Confirming COVID-19's Impact on Hawaii Businesses

A new Chamber of Commerce of Hawaii survey confirms that the Coronavirus pandemic will have a far-reaching and long-lasting economic impact on Hawaii's business community. The survey of over 300 businesses revealed that 84% of respondents expect a negative impact on business due to Coronavirus and 21% will lose more than \$10,000 a day if they stop operations.

"The results of this survey confirm that Hawaii businesses need our help to survive and recover from the economic devastation of extended closures and other interruptions in operations," Sherry Menor-McNamara, President & CEO of the Chamber of Commerce Hawaii said.

Other survey results:

- 46% of respondents represented businesses with 10 or fewer employees. 27% represented businesses with 10-50 employees and 27% of respondents represented organizations that employ more than 50 employees.
- 84% report expecting an economic downturn, while 16% do not. Respondents who did not expect a downturn include businesses in health care, janitorial services, on-

(continue on page 13)



Taking care of your family – that's being good at life.

Contact me to learn more about securing your family's financial future.

Ditas Guillermo Udani
Agent, Financial Services Professional
New York Life Insurance Company
1510 Kilauea Avenue
Hilo, HI 96720
808-895-2398
fudani@ft.newyorklife.com

Registered Representative offering securities through NYLIFE Securities LLC (Member FINRA/SIPC).
A Licensed Insurance Agency, SMRU1713827 (Exp. 10/25/2018)
©2018 New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

Insure. Invest. Retire.

Be good at life. 

CANDID PERSPECTIVES



By Emil Guillermo

Some Covid Notes—Ignore the President



Trump doesn't read the New York Times, but maybe he's seen the anecdotal stories on Twitter of Asian Americans being accosted?

So despite the prior week, when he angrily insisted that calling it the "Chinese virus" wasn't racist or offensive to Asian Americans, suddenly Trump was very caring.

"They are amazing people and the spread of the virus is not their fault in any way, shape, or form. They're working closely with us to get rid of it. We will prevail together. It's very important."

Maybe it was all the cherry blossoms in Washington that weekend when few were keeping social distance? Maybe the cherry pollen got to him?

But there he was, the schoolyard bully standing up in front of the class, reading a script and trying to sound like he was sorry without saying he was sorry.

But it's not enough. It's not even an apology.

He needs to read his words aloud again and again until we eradicate the virus he started—the virus of the Trump "Chinese Virus."

"If they keep using

would want to gather and have a sense of community.

One of the first questions I asked them was if they felt anything different when they went out in public, especially after the president doubled down and insisted on calling the coronavirus the "Chinese Virus."

His way of connecting the old form of social distancing with the new.

Filipinos, after the Chinese, are the second largest Asian American group in California. We have Spanish last names, Asian blood, and American citizenship.

One person in the group didn't hesitate. "Yeah," he said, describing a scene at a grocery store when something threatening was said. "I just ignored it."

Admirably, my friend was trying to be above it all. You know, when they go low, we go high? He didn't really want to talk about it further. But we all know it's out there. And it's as real as the virus.

And it's Donald Trump talking about his "Chinese Virus" that was spreading it around.

Asian Americans know from our history of exclusion that when Americans need a scapegoat, we're there.

So imagine my surprise to see Trump at the Monday (March 23) White House briefing.

"Americans must remain united in purpose and focused on victory," he said, reading boilerplate from the script. "To every single American please know that the sacrifice you are making at this time is saving lives... many many lives."

He was ad libbing the tail part of that. His way of trying to sound real.

But then he returned to the script for a real surprise.

"It's very important that we totally protect our Asian American community in the United States and all around the world," Trump said.

Was he trying to placate his full level Cabinet secretary Elaine Chao, a/k/a Mrs. Mitch McConnell? We know

for America to be back in business by Easter. To fill the churches. What's this? A deathbed conversion? Trump is hardly a religious man.

Forcing us to go back into church and to live life normally as the death toll tops 1,000 in America is more than a tad irresponsible.

Self-isolation is the best defense we've got during the virus. Don't let your guard down. Basic Boxing. To fight a virus, the best thing to do is stay home. Watch the movie "Contagion."

Stay positive. Go vegan even. Just don't listen to Trump. *(Editor's Note: President Donald Trump has extended the federal social distancing recommendation to April 30, 2020. A national stay-at-home directive has not been issued as of April 1, 2020.)* ■

EMIL GUILLERMO is a veteran journalist and commentator. He was a member of the Honolulu Advertiser editorial board. Listen to him on Apple Podcasts. Twitter @emilamok.

Hawaii Resident Can Now Access Paid Sick Time and Paid Leave Benefits

Beginning the first week of April, Hawaii residents will be able to access paid sick leave paid family leave and medical leave, as provided by the Families First Coronavirus Response Act recently passed by Congress and signed into law by President Donald Trump.

The sick leave will cover 10 sick days for residents having to deal with the illness, quarantine or school closing related to the virus.

The Response Act will also cover up to three months of paid family and medical leave in the event of a closing of a child's school or child care provider.

"Emergency paid sick and paid family leave will help many working families to continue to meet their needs," said Deborah Zysman, Executive Director of Hawai'i Children's Action Network (HCAN). "This marks the first time Congress has passed paid time to care, a moment made possible by the groundbreaking work of our network and partners over the past 16 years."

The Reponse Act is the second in a package of bills to provide support to workers impacted by the COVID-19 pandemic.

A previous CARES Act offers enhanced unemployment insurance, strengthened nutrition security initiatives, and an increase in federal funds for Medicaid.

HCAN asserts that Hawaii has no existing paid sick days nor a paid family leave program. Through Temporary Disability Insurance, a person could be eligible for leave with pay for their own care related to COVID-19, but not eligible to care for a family member who is ill, a child because of school closures, or because of quarantine orders.

To help residents cope with COVID-19, HCAN is compiling local resources, including food, financial assistance, benefits, and keiki activities, at <http://covid19.hawaii-can.org/>.

HCAN is also asking the public to call on the state legislature and Congress to fill the gaps in these response bills. ■

I hope there's plenty of aloha left in Hawaii. The world could use it.

Donald Trump is not doing well. He said he was tested but couldn't describe the test. He would if he could. Like the hole-in-one he shot. So he probably wasn't tested no matter what a White House memo says.

Still, from his history, we can say during this public health crisis, the president is acting normal.

Which is bad. He needs to step up his game. Insisting on calling COVID-19 "the Chinese virus" for about a week, was a step down. That was like saying to the public, it's OK to be racist toward Asian Americans.

And because we all look alike, that means Filipinos too.

It's already weird when people who don't talk to you normally are justified by Trump to really be aware how they must not talk to you—as a matter of life and death.

That's extreme "social distancing" for you. The new kind.

When you're an Asian American or a person of color, the old "social distancing" used to mean just one thing—racism.

It was just a form of separation, what happens when people segregated from the "other."

No need to hang out with us. Distance was mandatory.

I thought of that as I practiced my civic duty of the new "social distancing" in my first online meeting during the virus era—on the first weekend of being locked down in California.

As the volunteer museum director of the Filipino American National History Museum in Stockton, I knew my small group of colleagues

PERSONAL REFLECTIONS

FIGHTING THE WAR

By Seneca Moraleda-Puguan

It's finally over! Oh, how I wish I could already say this. It would have been great if this is what's written all over the news and on social media. But unfortunately, the crisis is far from over. In fact, for many countries like the Philippines, the war against an invisible enemy has only just begun.

When the number of COVID-19 cases has been rising in South Korea, my husband and I were shocked but not shaken. We were quite worried but we were calm. And true enough, we have seen how the government stepped up and dealt with the situation. Thousands of test kits have been produced and an efficient system put in place on how to deal with patients and people who are showing symptoms has been put in place. All residents are constantly being informed about the statistics of positive cases in their respective

areas, specifying the gender, age, location, etc. so that the public will know what places to avoid and to take extra precaution. We are confident of South Korea's comprehensive database system, excellent healthcare system and advanced technology. Eventually, they have flattened the curve. South Korea used to be among the top countries with the most number of COVID-19 cases but now, Western countries especially Europe have taken over.

But such is not the case for the Philippines. We are deeply grateful to be in South Korea at a time like this but our hearts break for our beloved home. When news of coronavirus breaking out in the country came out, we became anxious and weary. We started to think about our families and loved ones there. The Philippines is ill prepared for this kind of pandemic. We don't have enough facilities to contain a growing number of patients who've tested positive with the virus.



We have a lot of homeless people who have no place to stay while everyone else is on home quarantine. There are millions of working Filipinos who need to provide for their families. Our medical workers don't have enough protective gears to shield them from the virus. Aside from this, the distrust of many Filipinos toward the government and the lack of discipline among many of our *kababayans* have dampened our spirit. We have a lot of questions and concerns that the only thing we were moved to do is fall on our knees. When we pray, tears begin as we ask the Lord to spare the Philippines.

But as days go by and

looking at how some local governments are responding to the situation, and businesses along with ordinary citizens contributing to help the front liners and provide for those who have no resources during the lockdown, we started to have hope. We have been reminded of the strong Filipino spirit. We have faced countless trials, disasters, and tragedies as a people. We never backed down. We stood strong, remained resilient and always triumphant.

COVID-19 has already taken so many lives, not just in the Philippine but around the world, including many brave frontliners we now consider

heroes. And it will take a while before the virus will be contained. Despite the many bad reports we receive every single day, we must have hope like we always do. We must not allow fear to cripple our hearts but instead have faith that we will win the war against this deadly virus. Let us confront and defeat it with unity, compassion and love for each other. The virus may be strong but we must prove that we are stronger. We can and we will because we are all in this together.

I am excited for the day we can look back and say we did it and have overcome. The war against COVID-19 may be far from over and victory may not be ours yet, but as we work hand in hand by staying at home and cooperating with the government, or generously giving and supporting our front liners and needy countrymen, or simply falling on our knees and storming the heavens with prayer for the nations to be healed, we will get there. It will take time, we will lose mighty warriors along the way, we will have battle scars, but it will soon be over and we can finally raise the flag of victory. ■

(NEWS FEATURE: Colmenares...from page 9)

The Agency is assisted in its work by the Statewide Health Coordinating Council (SHCC) and the Sub-Area Health Planning Councils (SACs) which serve as advisory bodies and whose members are appointed by the Governor. The SHCC reviews and recommends the approval of CON applications and prepares the HSFP. Duties of the SACs include reviewing CON proposals

as well as making recommendations related to health planning for the geographical subareas they serve. There are six SACs: Hawaii County, Kauai County, Tri-Isle (Maui, Molokai and Lanai), Honolulu, Windward Oahu and West/Central Oahu.

Prior to joining SHPDA, Jun was the founding Executive Director of the State Office of Language Access (OLA) from 2007 to 2015

(appointed by Governor Linda Lingle in 2007 and by Governor Neil Abercrombie in 2011). He also served as an Evaluation Analyst at the State Executive Office on Aging (EOA) from 2001 to 2007, Program Officer for Health at the Hawaii Community Foundation (HCF) from 1997 to 2001, and Data Analyst at the Hawaii Medical Services Association (HMSA) from 1990 to 1996. He also had brief stints as a

visiting scholar at the University of Hawaii Department of Political Science and Center for Philippine Studies, a Project Assistant at the East-West Center Population Institute, and a lecturer at the University of Hawaii-Leeward Community College and Chaminda University. He came to Hawaii from the Philippines in 1988 and was previously a member of the faculty of the Mindanao State University in Marawi City, Philippines.

In addition to his 20+ years of public service and more than 10 years private sector and non-profit experiences since his arrival in Hawaii, Jun has also been active in the community. He has served as commissioner with the Filipino Centennial Celebrations Commission, member of the Board of Directors of the Filipino Community Center, president and executive director of the Congress of Visayan Organizations, founding chair of

the Philippine Celebrations Coordinating Committee of Hawaii, chapter/area/deputy regional commander of the Knights of Rizal, among others. He has also authored a couple of books and published articles.

"Serafin's expertise and wealth of experience in public health planning is a welcome addition to the Department of Health," said Dr. Bruce Anderson, Director of Health. "His experience in capacity building and community collaboration will be highly beneficial for enhancing the health care needs of our island community."

Dr. Colmenares obtained his bachelor's degree in Political Science from the Mindanao State University in the Philippines, his MA and Ph.D. degrees in Political Science from the University of Delhi in India, and his Master's degree in Public Health from the University of Hawaii at Manoa. ■

Listen To KPMW
The WILD 105.5 FM
(808) 871-6251
Request call (808) 871-6933

Energetic young individual who can speak Ilocano and Tagalog (bilingual) to be a disk jockey of a radio station. Computer literate, radio experience, or will train. Fax resume to 808-871-5670.

Office.
 For Advertisement
 (808) 871-6251

Request Line
 (808) 296-1055

PHILIPPINE NEWS

Government Eyes Forced Segregation of PUIs

By Jose Rodel Clapano
Thursday, April 2, 2020

MANILA, Philippines — The National Task Force against the coronavirus disease 2019 is eyeing to take out patients and persons under investigation or PUIs from their communities by April 14, Carlito Galvez Jr., newly designated NTF chief implementer of the National Action Plan (NAP) against COVID-19, said yesterday.

The move is based on the timetable given to the NTF by President Duterte and is intended to help reduce the public's anxiety over the spread of the disease, according to Galvez, also the presidential adviser on the peace process.

Once these interventions have been effectively carried out, evaluations will be conducted at the sitio and barangay levels starting April 15.

Galvez said the evaluations would form the basis for declaring communities as "cleared" of COVID, together

with the analysis of pandemic experts from the medical community and academe.

"Our long-term objective here is to see the gradual normalization of communities that have been severely affected by this health crisis. But even if we see a reduction in the number of cases in the future, we cannot afford to let our guard down," Galvez said.

He added that the government might still have to extend the quarantine period in some affected areas, stressing the need to strike a balance between ensuring the health and safety of residents, while looking after the economy, social order and human safety.

He said this is the reason the NTF has adopted a "carrier-centric" approach which aims to detect, isolate and treat COVID-19 patients so they can be cured of the disease and return to their communities as soon as possible.

"There is a need to determine the social impact of these mitigation measures, as interventions shall be imple-

mented by line agencies on the national level and local government units (LGUs) on the community level throughout the critical stages of this campaign," Galvez said.

These measures shall be implemented under the NTF's unified structure, which is composed of the task groups on response operations, resource management and logistics and strategic communication. These task groups shall receive guidance from the Inter-Agency Task Force for the Management of Emerging Infectious Diseases.

To detect potential COVID-19 carriers, it is imperative to conduct massive testing of PUIs and persons under monitoring (PUMs) without delay, effective contact tracing, enforce enhanced community/home quarantine and isolation of positive cases and PUIs.

In isolating virus carriers, the task force has to designate government-dedicated treatment facilities for COVID-19, while PUIs need

to be taken to converted isolation centers for closer monitoring.

Modified quarantine

Admitting that the COVID-19 crisis is far from over here and in the rest of the world, the IATF is looking at the implementation of a "modified" quarantine in Luzon to address the adverse impact of the disease on the economy.

IATF spokesman Nograles said the task force is also weighing the concerns of the country's top tycoons on the impact of the community quarantine on businesses.

Nograles agreed with the assertion of the World Health Organization that the pandemic is "far from over."

Gradual lifting

Meanwhile, the Department of Trade and Industry is recommending a gradual lifting of the Luzon-wide enhanced community quarantine in Luzon to allow more busi-

nesses, such as those involved in supply chains of enterprises providing essential products and services, to resume, in support of the modified quarantine.

"Talking to the business community, they actually said to be careful with total lifting. The term modified or gradual lifting is correct," Trade Secretary Ramon Lopez said yesterday, as he noted that it would not be business as usual.

Businesses to be prioritized for resumption of operations include firms providing inputs and packaging for food and other essential goods, like hygienic items, medical products as well as the agriculture sector.

Some of the business leaders present during the first teleconference with the IATF proposed a modified community or barangay-based quarantine where manufacturing operations and public transportation are allowed to resume, and checkpoints would be removed, provided safeguards are in place to prevent the spread of COVID-19.

(www.philstar.com) ■

(FEATURE: Online Instruction...from page 8)

Indeed, not all students have the required devices or tools outside of campus. Sometimes, the only way to access them is being in school. This UH recognizes in their email. It advises "students who do not have access to their own computers may use those available in campus libraries and computer labs. UHOIC and UH Information Technology Services will work with campus offices and others to ensure support for our students and

faculty with particular needs."

"This is a good wake up call," Gajigan said, expressing that instead of completely depending on in-person instruction students should actively pursue, in addition to traditional classroom learning, other ways of knowing, like joining organizations, reading books independently, etc. "We cannot rely on the existing educational structures which are neoliberal in nature and very fragile," he said. ■

(HAWAII FILIPINO NEWS: Survey Confirming...from page 10)

- line services and agriculture.
- Businesses' top concerns in regard to the pandemic are the economic impact on business (89%), health and safety (83%) and personal finances (51%).
- 47% of businesses have a continuity of operations plan in place, while another 31% of respondents are in the process of creating one.
- 21% of respondents estimate that they will lose more than \$10,000 per day if their business is forced to stop operations. Nine percent report losses of \$5,000-\$10,000 per day, 18% report losses of \$1,000-\$5,000 per day and 10% will lose less than \$1,000 per day. Nearly 40% report that it's too soon to tell.
- Respondents reported that the top

three things that would assist them during this time are access to preventative supplies, more information from public officials, and information on continuity of operations and other mitigation measures. Respondents also requested the creation of programs to support small business loans, delay of tax collection and rental/mortgage payments, and funding to support the continuity of business and employment.

The survey was conducted in partnership with the Hawaii Island Chamber of Commerce, Honolulu Japanese Chamber of Commerce, Kauai Chamber of Commerce, Maui Chamber of Commerce and the Native Hawaiian Chamber of Commerce. ■

WEST SHORE NEUROLOGY, LLC

RAY R. ROMERO, M.D., FAHA

- Diplomate, American Board of Psychiatry and Neurology
- Fellow, American Stroke Council
- Member, American Association of Neuromuscular & Electrodiagnostic Medicine

94-216 Farrington Hwy Suite A103
Mailbox #203 Waipahu, Hawaii 96797

Phones: 808-680-0558
808-680-0559
808-680-0554
Fax: 808-680-0500

Physician's Exchange:
808-524-2575

M-F 8:30-5:00 except Wed 8:30-12:00
Accepts all health insurances except Workmen's and No Fault



HAWAII-FILIPINO NEWS

NEW YOUTH, STUDENT ACTIVIST ORGANIZATION LAUNCHES AT UH MĀNOA

By Mark Lester E. Sanchez

Launched on March 12, Anakbayan Hawai'i is a newly registered independent organization at the University of Hawaii at Mānoa (UHM) heralding a new era of Filipino youth and student activism in the islands.

A part of a wider, international movement called Anakbayan, it aims to bridge Filipino democratic struggles in the Philippines with the local struggles in Hawai'i. It seeks to unite youths from different sectors, particularly within marginalized and indigenous communities, to advance the cause of national democracy in the mother-country as well as in the US.

"It's difficult not to do something when there's so much going on in the Philippines right now," said Victor Limon, its current elected chairperson, who was also one of its organizers.

A UHM graduate student in Urban and Regional Planning, Limon graduated with a BA in Geography from the University of the Philippines-Diliman, where he was heavily exposed

to student activism and Anakbayan. He said this experience and Philippines' rapid deterioration into chaos had inspired him to organize a Hawaii chapter.

"It's getting worse," he said. "Tens of thousands murdered in the drug war, chronic poverty and joblessness, landlessness in the rural provinces, corruption in government, environmental disasters caused by big mining, logging, and agro-industrial companies."

Established in 1998, Anakbayan has played major roles in youth and student activism in the Philippines—in the second EDSA revolution, for instance.

"Anakbayan is the most comprehensive youth organization [in the Philippines], with thousands of members, including workers, farmers and indigenous youth," Limon said. "I think the reason for Anakbayan's success is its core progressive agenda for national democracy, which resonates with a lot of Filipinos around the world and especially with us here in Hawai'i."

With the same potency and alacrity, Limon envisions extending the organization's mission into the islands, especially to tackle challenges and issues

that concern Hawaii's indigenous, Pacific populations. "Hawai'i is such a uniquely amazing place due to its history and position in global progressive politics," Limon said.

Asked what "national democracy" entails, Limon explained it "means an economy that works for all, and not just for oligarchs, landlords, and career politicians that comprise the political elite." This, Limon believes, represents the state's contemporary socio-political climate very well, whose Thirty Meter Telescope (TMT) crisis—a multibillion-dollar project that will desecrate Native Hawaiians' sacred spaces—is still a strong contention among the islands. And for the Philippines, it means "free from the greed of giant global corporations and the war agenda of foreign powers like China, Russia, and the United States."

Although still in its incipient stage, Anakbayan Hawai'i has already taken productive steps in realizing its vision. Just last year, members participated in several solidarity events in and out of the state: they joined UHM's campaign on International Human Rights Day in Fall 2019; rallied with Kanaka



Maoli on Mauna Kea in their fight against the TMT in October; and met with other Anakbayan chapters in the US for a congressional summit, held in Los Angeles, California, in late November to early December.

To broaden its scope and strengthen the movement, Anakbayan Hawai'i welcomes "everyone who shares our commitment to advocating for social justice and democracy in the

Philippines," Limon said, "including those who are not Filipino but who share a deep solidarity with our cause."

Anakbayan Hawai'i is open to all Filipino youth, ages 13 to 35. To learn more about Anakbayan Hawai'i, follow them on Instagram (@anakbayanhawaii), Facebook (@anakbayanhawaii), and Twitter (@anakbayanhawaii). To join or for any inquiry, email abhawaii@hawaii.edu. ■

(Sagot sa Krosword Blg. 15 | March 28, 2020)

T	A	A	S		P	A	G	A	T		P	I	I	T	
U	N	G	A		A	R	O	M	A		A	P	T	A	
P	A	N	G	I	L	A	L	I	M		T	I	A	B	
E	K	S	A	K		P	L	O	T	I	L	Y	A		
					P	L	E	T	E		D	A	W		
S	A	A		I	S	A					K	A	T	A	M
A	N	G	A		P	A	A			I	A	R	A	R	O
H	I	N	D	I	I	N	T	I	N	D	I	H	I	N	
A	L	A	M	N	A		A	L	I		K	I	N	A	
B	A	S	I	G			A	N	G		K	A	Y		
					R	A	W		A	N	G	I	S		
H	I	N	A	Y	A	N	G				B	U	U	I	N
U	N	A	B			S	A	L	A	M	A	N	G	K	A
S	I	I	L			T	R	O	P	A		G	I	S	I
O	N	S	E			O	A	S	I	S		I	T	I	K



The Filipino Global Community

*shines even brighter
for the Filipino Global
Community*



Join us as we journey into a new home!



Log on to www.philstar.com

IMPORTS GIFT SHOP & MINI-MART

82 Ala Malama Street
Kaunakakai Hawaii 96748
PHONE NO: 553-5734

- Baskets, Lauhala Mats
- Books, Notecards
- Fine & Fashion Jewelry
- Groceries
- Handbags, Hats
- Hawaiiana
- Jewelry Repair, Resetting & Resizing
- Molokai Arts, Crafts, Supplies
- Philippine Products Dried & Frozen

- Quilts & Notions
- Refreshments
- Seashells
- Shoes & Accessories
- Sport & Dress Clothing
- Surfing Line
- Surfwear & Surfboards
- Sundries
- T-shirts, Sweatshirts



ONE STOP SHOPPING!

OPEN 7 DAYS
8:30 AM - 6:00 PM

COMMUNITY CALENDAR

28th ANNUAL FILIPINO FIESTA & 8th FLORES DE MAYO 2020 | Saturday, May 2, 2020 | 9AM - 5PM | The Fil-Com Center, Waipahu | For details, contact FilCom at 808-680-0451

MABUHI PACIFIC EXPO & SUMMIT | July 24-26, 2020 | Hawaii Convention Center | Panelists-presenters on various topics are being accepted for the Expo. For details,

contact Rose Cruz Chuma at rosechurma@mac.com

LEA SALONGA LIVE | Friday-Saturday, October 23-24, 2020; 8-10PM | Blaisdell Concert Hall, Honolulu | Filipina singer and actress Lea Salonga to serenade the Hawaii crowd in a two-night spectacular concert. Tickets \$35 and up. Visit blaisdellcenter.com for more information.

Have your organization's events listed in our community calendar. It's recommended to submit press releases a month in advance of your organization's event. Send information to filipinochronicle@gmail.com.

MAINLAND NEWS

COVID-19 Economic Relief Bill: Here's What You Need To Know

By Jim Bea Sampaga

On March 27, President Donald Trump signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a \$2 trillion emergency economic relief fund, into law as the U.S. prepares for more economic pain during the COVID-19 pandemic.

"This will deliver urgently needed relief to our nation's families, workers and businesses. And that's what this is all about," Trump said at a signing ceremony in the Oval Office.

The newly signed law includes direct cash payments to Americans, financial assistance to people laid-off by their employers, loans to small businesses and industries affected by COVID-19, support funds for education, housing and public health activities.

Here's a breakdown of how the CARES Act could mean to you, your family, businesses, medical facilities

and local and state governments:

Individuals and families

- Direct cash payments to individuals and families with \$1,200 per adult and \$500 per child
- Cash payments reduced for individuals making more than \$75,000, couples making more than \$150,000
- Not eligible for individuals making more than \$99,000 and couples making more than \$198,000

Employees and employers

- Unemployment insurance extended to four months with \$600 weekly support, expanding eligibility to cover more workers including freelancers and laid-off workers
- Over \$350 billion guaranteed loans to small businesses, in-

- dependent contractors and self-employed individuals
- Postponing some employer's payroll taxes through the end of 2020

Healthcare

- \$150 billion for hospitals and health-care providers' COVID-19 related treatments, personnel, equipment and supplies
- \$25 billion for the development of vaccines, therapies, diagnostics and additional funding for the Centers for Disease Control
- \$945 million for the National Institute of Health
- \$250 million for the Hospital Preparedness Program
- \$200 million to assist nursing homes with infection control

Education

- \$30.7 billion for schools and colleges to help weather the impact of campus closures
- \$3 billion as emergency support grants to local educa-

- tional agencies
- \$3.5 billion for the Child Care Development Block Grant

Housing and communities

- \$1 billion for the Community Services Block Grant
- \$900 million for the Low Income Home Energy Assistance Program
- \$300 million for social security
- \$955 million to support nutrition programs, home and community-based services, support for family caregivers, and expand oversight and protections for seniors and individuals with disabilities
- \$15.5 billion additional funding for food stamps
- \$8.8 billion additional funding for Child Nutrition Programs to ensure children receive meals while school is not in session
- \$3 billion funding to support economic development ■

CLASSIFIED ADS

CAREGIVER NEEDED FOR IMMEDIATE JOB
I am offering 25\$ per Hour for 4-5 hours daily for a Dementia Father.
Applicants should email their Resume and Reference (talk2amanda75@gmail.com)

PART TIME CASHIER, FULL TIME CASHIER, FULL TIME COOK
WAIMANALO L&L – Now Hiring ASAP
Medical Provided for Full Time Employees
Please Contact Fanny at 808-386-6898

HELP WANTED FOR CLEANING COMPANY
Legendary Cleaners pay depends on years of experience. Must be reliable, prompt and not afraid of hard work. Experience a plus. Willing to train. Contact John Kim 808 392-5597

BECOME A FRANCHISEE fast pace cleaning company legendary cleaners with over 16 years in business. Franchise fee 15706.80. 10 year contract. Contact John Kim 808 392-5597

SEA of GREEN Help Wanted: Landscape Maintenance/Gardener
Full time; Experienced preferred; Motivated; Willing to learn; Knowledge of Plants & Irrigation
Conscientious & Quality Oriented;
Ilocano/English speaking,
Excellent Benefits: Paid Medical/Dental/Vision, Vacation Pay, 15 Paid Holidays, & Sick Pay.
Pay rates begin at \$13/hr. for non drivers & begin at \$14/hr. for drivers depending upon experience. **Call : 808- 486-0111**

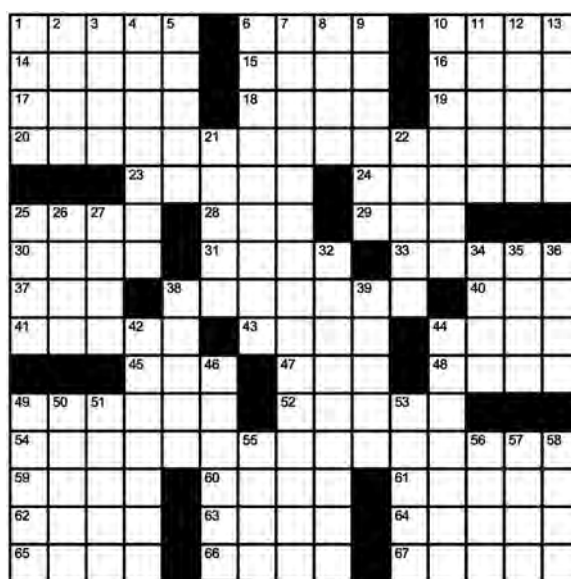
CROSSWORD No. 16

by Carlito Lalicon

ACROSS

- Barely enough
- Expense
- Exclamation of grief
- Hawaiian veranda
- Aware of
- Bombard
- Fragrance
- Bowl over
- Bridge toll unit
- COME:LEC activity
- Electric dart shooter
- Blue blood
- Bit
- Small child
- Period, in Web addresses
- Downer
- Footnote word

- Chatty
- Attention
- Set up
- Exclamation of pleased surprise
- Make a splashing sound
- Network of intersecting blood vessels
- Acknowledge
- Elephant's weight, maybe
- Center
- Casting need
- Tita Cory
- Chimera
- Temporary account
- Early course
- Empty talk
- More mature



- And others, for short
- One time
- Jagged, as a leaf's edge
- Account
- Fitting reward
- Crowded

DOWN

- Smeltery refuse
- Attention
- Soon, to a bard
- Convention handout
- Beauty pageant wear
- Someone who leads astray
- Interdependency
- Essence
- Cardinal number that is the

- sum of eight and one
- Source of phosphorus
- All of the words in a language
- Apportion
- Court figure
- Buzzing
- Grimalkin
- Bad day for Caesar
- Face-to-face exam

- Hawaiian tuber
- Matured
- Didn't go straight
- Loafer, e.g.
- Cry of pain
- Call
- Renaissance fiddle
- Speckle
- Large wardrobe
- Sarge, e.g.
- Strong point
- Share
- Commonplace
- Possessing many acres
- Not crazy
- Atop
- Cape
- Arborist's concern

(Solution will be on the next issue of the Chronicle)

visit our website@
www.thefilipinochronicle.com
and enjoy the e-copy of the hawaii filipino chronicle



Mahilig ako sa mga numero!

Tungkol ito sa 2020 Census at pondong pampubliko.

'Di ako accountant, pero gustung-gusto ko
'pag nag-a-add up ang mga numero.

Kada sampung taon, ine-aim ng census na makakuha ng tama at tumpak na bilang ng lahat ng naninirahan sa United States. Mas tumpak ang data, mas maraming oportunidad na makatanggap ng pondong pampubliko ang ating komunidad. Lyon ay higit 675 bilyong dolyar kada taon para sa pondong pampubliko para sa mga schools, health clinics at roads.

Magre-respond ako! Kayo?
Kapag sama-sama, mas may lakas, mas may pwersa!

Kumpletuhin ang census sa

2020CENSUS.GOV/tl

Paid for by U.S. Census Bureau

Bigyang hugis
ang inyong
kinabukasan
MAGSIMULA DITO >

United States[®]
Census
2020