

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII

R.G., an individual; C.P., an individual by
and through her next friend, A.W.; and
J.D., an individual,

Plaintiffs,

v.

LILLIAN KOLLER, Director of the State
Department of Human Services, in her
individual and official capacities;
SHARON AGNEW, Director of the Office
of Youth Services, in her individual and
official capacities; KALEVE TUFONO-
ISOSEFA, Hawaii Youth Correctional
Facility Administrator, in her individual
and official capacities; *et al.*,

Defendants.

CIVIL NO. 05-566 JMS/LEK

[CIVIL RIGHTS ACTION]

DECLARATION OF ROBERT J.
BIDWELL, M.D.; EXHIBITS A-F
[REDACTED]

DECLARATION OF ROBERT J. BIDWELL, M.D.

I, Robert J. Bidwell, M.D. hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows.

Professional Background and Qualifications

2. I am a graduate of the University of Minnesota and received a Bachelor of Arts degree in 1976. I am also a graduate of the University of Minnesota School of Medicine, where I received my medical degree in 1981. I completed my residency training in Pediatrics at the University of Hawaii from 1981-1985 and I served as Chief Resident at the University of Hawaii from 1985-1986.

3. From 1986-1988, I completed a fellowship in Adolescent Medicine at the University of Washington in Seattle.

4. I am currently an Associate Professor of Pediatrics at the University of Hawaii John A. Burns School of Medicine (“School of Medicine”) and have served in that role since 1993. From 1988-1993, I was an Assistant Professor of Pediatrics at the School of Medicine. I am also the Director of Adolescent Medicine at the School of Medicine and have been since 1988.

5. My specialty is Adolescent Medicine, which entails addressing health care issues faced by adolescents, aged 12-21. This includes health care in

the broadest sense from physical to psychosocial health and well-being. To my knowledge, there are only four other such Adolescent Medicine specialists on the island of Oahu.

6. I am the author or co-author of numerous articles and chapters of primary textbooks in the fields of Adolescent Medicine and Pediatrics. Many of these concern sexual orientation and gender identity in children and youth. For example, I have written chapters on Sexual Orientation and Gender Identity that have been published in four textbooks, two in the field of Adolescent Medicine and two in the field of Pediatrics. The two Adolescent Medicine textbooks are the leading textbooks in that field and the two Pediatrics textbooks are among the leading textbooks in that field. A true and correct copy of my curriculum vitae is attached to this Declaration as Exhibit A.

7. I have consulted in the area of the treatment of lesbian, gay, bisexual and transgender (“LGBT”) youth with a variety of agencies including, for example, Big Brothers/Big Sisters, Hale Kipa, Catholic Services to Families and the Casey Family Program. I also have consulted with public schools in the State of Hawaii including McKinley and Leilehua High Schools. In these consultations, I often am invited to evaluate and to help develop policies and procedures and to train administrators, counselors and staff in identifying and preventing harassment and abuse of LGBT youth as well as techniques as to how

best to provide a supportive and nurturing environment for LGBT youth. I also have conducted a number of trainings regarding LGBT issues with the State Department of Education (DOE) in day-long workshops attended by DOE employees from around the state, and I have spoken at private schools including Iolani and Kamehameha High Schools regarding LGBT issues. Recently, I received the 2004 Hawaii Child and Youth Advocate of the Year Award from the Keiki Caucus for my work on behalf of LGBT youth. The Award was co-sponsored by HECO (the Hawaiian Electric Company).

8. I have served as an expert witness in dozens of court cases in Hawaii. In all of those cases I have testified based on my expertise in Adolescent Medicine and/or Pediatrics; in one case, I testified specifically about the harm resulting from anti-LGBT harassment of a child confined at the Hawaii Youth Correctional Facility (“HYCF”).

9. Additionally, for nearly the past twenty (20) years, I have served as a medical consultant with the Sex Abuse Treatment Center and have received a commendation from that Center for my sensitivity in my work with children victimized by sexual assault.

Experience at the Hawaii Youth Correctional Facility

10. I began working at HYCF in March of 1993 through a contract developed between the Department of Human Services and the School of

Medicine. HYCF does not have a full-time staff physician. I oversee the provision of health care to the wards at HYCF. My duties include direct provision of health care to the wards, supervision of pediatric residents, as well as consultation with the Nurse Practitioner, Linda Hadley, and the HYCF mental health team, which is supervised by Dr. S. Peter Kim, M.D., Ph.D. I also am the medical consultant at the Alder Street Detention Home, through a contract between Kapiolani Medical Center for Women and Children and the Family Court.

11. As the treating physician at HYCF, I provide adolescent health care to the youth at HYCF, which includes physical and emotional health care and education. When adolescents are admitted to the facility, I perform, or a resident under my supervision performs, a health history (including medical and psychosocial screening) and a physical exam. When appropriate, I consult with the mental health team to investigate wards requiring special attention. The contract between HYCF and the School of Medicine also calls for input into HYCF's policies and procedures, primarily concerning the youth and the care that they receive, though no one at the HYCF administration has ever asked me to provide such input. In fact, as evidenced by the facts set forth below, all of my efforts at HYCF to assist with the development and implementation of policies,

procedures and practices that are LGBT appropriate have been either ignored or rebuffed.

12. Part of providing adequate care to wards is being an advocate for youth whose physical and psychological health and well-being, are being undermined or impaired as a result of HYCF's failure to take adequate measures to protect them from harassment or abuse by wards or staff. Where advocacy from medical staff is ignored, care by the facility, as a whole cannot be considered adequate.

13. HYCF does not have adequate policies or procedures for ensuring that the decisions concerning the health needs of youth are made by the medical staff. Likewise, HYCF has no policies or procedures regarding the care and treatment of LGBT youth.

14. Though we strive to do so, medical staff at HYCF are not able to provide a sufficiently safe environment for youth, and particularly for LGBT youth, both because of the lack of policies and procedures for addressing their needs and because of the absence of any meaningful response by other staff and administrators to medical staff reports of harassment and abuse and advocacy for intervention to address the physically and psychologically damaging abuse experienced by many LGBT youth at HYCF.

15. In this regard, I have made repeated attempts to inform the administration and HYCF staff of the incidents reported to me by wards and contemporaneously recorded by me in my medical notes, reported by others, or observed directly by me with respect to the maltreatment of LGBT youth by wards and staff. My efforts have been met with little or no response.

16. Based on my expertise in Adolescent Medicine and Pediatrics, my special expertise in issues concerning LGBT youth, and my personal knowledge of [REDACTED] health histories (as their treating physician at HYCF), it is my expert opinion that [REDACTED] have each been harassed and abused based on their actual or perceived LGBT status, and that the HYCF staff and administration at all levels (including the Office of Youth Services and the Department of Human Services) have been aware of this abuse and have not taken adequate steps to address or prevent it. In fact, the pattern of abuse towards LGBT youth at HYCF is known, tolerated, and even facilitated by staff at all levels at HYCF and is systemic in nature. HYCF's lack of proper policies and procedures, and its failure to train its staff have resulted in ongoing anti-LGBT physical and emotional abuse of my patients, [REDACTED] at the hands of other wards and staff, which in turn, has resulted in severe emotional, psychological and physical harm.

17. Abuse and harassment of children based on sexual orientation or gender identity typically causes extreme emotional distress and psychological trauma. This trauma is exacerbated when youth are abused in a detention setting, and is even more severe at HYCF because of the social norm in Hawaii of the “ohana” (extended family). The concept of “ohana” intensifies the deleterious effects of youth abuse at HYCF because youth view the staff as extended family, which is exhibited, for example, by the reference to Youth Corrections Officers and other staff as “Aunty” or “Uncle.” Because they come from a culture in which the concept of “ohana” is so deep-rooted, wards commonly perceive staff abuse and failure to intervene in youth-on-youth abuse, as rejection from their “family.” It is quite common for LGBT children to have faced rejection already from a number of respected figures, such as ministers, teachers and family members. On the outside, some LGBT youth are able to maintain a support network or at least take refuge with some members of his or her family. For LGBT youth at HYCF, however, there is no such support network or refuge available. Instead, the harassment and abuse of LGBT youth at HYCF, whether by staff or by wards with no staff intervention, leads to a climate that further traumatizes and alienates some of the most vulnerable of the state’s wards.

18. While the three plaintiffs in this action were confined at HYCF, I was their treating physician. I am currently the treating physician for [REDACTED]

██████████ What follows in paragraphs 20-59 summarizes the pervasive abuse and harassment (of which I am aware) suffered by the plaintiffs while at HYCF based on their actual or perceived LGBT status, as well as the failure of HYCF staff and administration to respond in a meaningful way. Based on my experience at HYCF over the past 12 years, it is my conclusion that HYCF allows, fosters and frequently encourages an environment of systemic harassment, abuse and discrimination towards LGBT wards. As an Adolescent Medicine and Pediatric physician who is concerned about the development of youth, I am deeply concerned about the psychological damage that observed violence may have on the development of “invisible” LGBT youth who are witnesses to both the violence against LGBT youth and the non-response by the HYCF staff and administration. “Invisible” LGBT youth refers to those children who are LGBT but have not publicly self-identified. This reinforces unfortunately what they have come to believe, *i.e.* that the world is not accepting of them. This makes healthy development for LGBT youth nearly impossible.

19. In preparing for this declaration, I reviewed the medical file for ██████████, a portion of the medical file for ██████████ and correspondence that I have drafted to the HYCF administrator concerning the plaintiffs in this case. It is my regular practice to record my opinions, or diagnoses, at or close in time to my interactions with my patients and the files

with respect to these patients conform to that practice. The medical file for each ward at HYCF also contains correspondence written by myself and other medical or mental health professionals, and I reviewed these as well to the extent that the patient's file was available at HYCF. Unfortunately, the complete medical files for [REDACTED] and [REDACTED] have been removed from HYCF's medical office. It is my belief that the files were removed after the initiation of the lawsuit and have not yet been returned. Thus, I reviewed copies of an excerpt of [REDACTED] file as well as personal copies of my correspondence to the HYCF administration concerning [REDACTED] and [REDACTED].

Plaintiff [REDACTED]

20. I first met [REDACTED] on August 2, 2004, a few days after his admission to HYCF. During my intake interview with [REDACTED], he shared with me numerous episodes of verbal, physical and sexual harassment and abuse by other wards because the wards perceived him to be gay. He also shared that the YCOs were aware of the harassment and abuse but did not intervene.

21. He told me that he was afraid to tell anyone at HYCF because of retaliation. With encouragement by me and other medical staff, [REDACTED] filled out his first grievance to the HYCF administrator, Ms. Tufono-Iosefa (sometimes referred to herein as the "YFA") concerning these issues.

22. On or about August 10, 2004, I was informed by the medical staff that that the harassment and abuse of [REDACTED] continued and that he had recorded these incidents in a letter to the YFA.

23. On August 13, 2004, I saw [REDACTED], and he informed me that nothing had changed since his letter to the administration. He told me that just the night before a ward had hung his testicles in [REDACTED] face and that the wards were telling him to “give them head” and calling him names such as “fucking faggot” and “homo.” [REDACTED] repeatedly told wards that he was not gay in the hope that they would leave him alone. The wards harassed [REDACTED] in the presence of the YCOs, who did nothing to stop it.

24. I advised [REDACTED] to keep documenting the instances of harassment and abuse. On that day, I reported the ongoing pattern of pervasive harassment and sexual abuse to the YFA. Linda Hadley, the Nurse Practitioner, and I went into Ms. Tufono-Iosefa’s office to discuss [REDACTED] situation. As Ms. Tufono-Iosefa tried to justify the situation, I warned her not to go into “blame the victim mode.” At one point, Ms. Tufono-Iosefa threw up her arms and asked me what I expected her to do. I told her to “keep him safe.” Ms. Tufono-Iosefa authorized me to send [REDACTED] grievances to [REDACTED] public defender, [REDACTED] and I did so the following Monday, August 16, 2004, after receiving [REDACTED] consent as well.

25. The only action of which I am aware that HYCF took on [REDACTED] behalf was to place him in isolation for a period of time in August of 2004 and then to house him in a single cell in the module rather than with a roommate. Nevertheless the harassment and abuse continued unabated during [REDACTED] entire stay at HYCF.

26. With respect to isolation, it is well-known that prolonged periods of isolation may have adverse psychological effects. With respect to LGBT youth, isolation may be perceived as punishment for being LGBT, which evokes feelings of rejection and depression and may manifest itself through a variety of physical symptoms ranging from headaches to self-mutilation.

27. I met with [REDACTED] approximately fifteen times during his stay at HYCF from [REDACTED] through [REDACTED] of 2004. Almost every time I met with him, [REDACTED] would detail the continued abuse and harassment. For example, a few days after [REDACTED] was returned to the module from isolation, he was locked in his cell by other wards. Wards would engage in name calling such as “wahine” and “mahu.” [REDACTED] reported requests for sexual favors such as “give me head” and “put this in your mouth and suck on it.” The wards were threatening [REDACTED] with oral and anal sex. The YCOs were aware of the harassment and abuse but took no action.

28. [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

29. During my October 5, 2004 visit, [REDACTED] told me that he had written another letter to the YFA detailing the verbal and sexual harassment in the module but that nothing had changed.

30. Again in October, [REDACTED] reported that the name calling had progressed to the school where he was called “baby girl,” “fag” and “mahu.” Only one of the teachers at the school attempted to discipline the wards. I reported this to Barbara Fuller at Olomana School on October 15 and she assured me that she would take action at the school.

31. On October 15, 2005, [REDACTED] told me that the harassment in the module had increased and that he was being taunted four to five times per day in the presence of staff. The staff again did nothing to stop the harassment. Instead the staff showed the other wards an ICF (Internal Communications Form) from Ms. Tufono-Iosefa, which stated that the staff was not to allow name-calling and other harassment. When one ward asked YCO Henry Haina if [REDACTED] was gay, Mr. Haina replied, in the presence of other wards, “Yes, [he] is a legal known fag.”

32.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

33.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

34. When ██████ returned to HYCF a second time in late ██████ 2005, he was only there for a brief stay. At that time, he was not open with me about his experience and would only say it was “ok.”

Plaintiff ██████

35. Similarly, with respect to the treatment of transgender youth, the HYCF staff and administration, and those who oversee HYCF, including Ms. Agnew, have largely ignored my pleas and the pleas of other medical professionals.

36. For nearly eight years the practice at HYCF was to house all male-to-female transgender wards with the other girls rather than with the boys.

37. This policy was adopted, as I recall, in or around 1996, shortly after I started at HYCF. At that time, a transgender girl was admitted as a ward to HYCF. The nurse and I met with John Shinkawa (the HYCF administrator at that time) and Deputy Administrator Mel Ando. The nurse and I conveyed to them that this ward, who had been taking hormones on the street and presented as a girl would be unsafe if housed on the boys’ side and should, as a matter of her mental and physical health in light of her gender identity, be housed with the other girls.

38. Although Deputy Administrator Ando objected to housing her with the other girls, Mr. Shinkawa concluded that it was appropriate to house her in a

setting consistent with her gender identity. This set the precedent for an ongoing practice, in place until 2004, of housing transgender girls with the other girls.

39. I met [REDACTED], one of the plaintiffs in this case, when she was at [REDACTED]. [REDACTED] is a transgender girl and was thus housed initially at O & A with the other girls when she was committed to HYCF.

40. On February 24, 2004, I wrote an ICF to Phil Tuminello, the then-acting Administrator of HYCF. In that ICF I detailed an incident of verbal abuse by YCO Mitch Simao referring to [REDACTED] as “cupcake” and “fruitcake” and telling [REDACTED] that she was not permitted to wear her hair up. The incident was extremely traumatic to [REDACTED] and she was humiliated. Following this incident, [REDACTED] was placed on suicide watch in an observation room by Central Control where she was housed for two days. I explained to Mr. Tuminello that these abusive incidents cause substantial harm to transgender youth, including in this instance to [REDACTED], and I urged him to investigate the matter and to take appropriate action, which would result in needed and beneficial training of HYCF staff concerning LGBT issues. A true and correct copy of that ICF is attached hereto as Exhibit B (though I note that I believe there to be typographical error in the year, which reads 2003 instead of 2004).

41. I never received a response of any kind from Mr. Tuminello or from any other member of the HYCF staff in response to my ICF.

42. In September of 2004, we learned that the other girls were being transferred to Utah. I also heard from the medical staff that the YFA, Ms. Tufono-Iosefa, was contemplating housing ██████ with the boys. This placement caused both Linda Hadley and me great concern, so we requested a meeting with the YFA.

43. During that meeting, which took place on September 16, 2004, I raised with the YFA the near certainty that ██████ would be abused and harassed if she were to be housed with the boys. Ms. Tufono-Iosefa refused to even call ██████ by her chosen name, and replied, “██████ a boy and will be housed with the boys.”

44. All of the members of the HYCF medical staff were deeply concerned about ██████ pending transfer to reside with the boys. Thus, on September 20, 2005, I wrote to Ms. Tufono-Iosefa outlining four major concerns about ██████ safety. To summarize, those concerns were: (1) Because ██████ is female in gender identity she is extremely likely to be subjected to on-going sexual harassment and sexual assault by the male wards at HYCF; (2) Because ██████ was the victim of abuse and rejection, she seeks acceptance of others through sexual encounters, so it is highly probable that ██████ will seek out sexual contacts with the male wards; (3) Male-to-female transgender persons are housed among males in Hawaii’s adult prison system and, as a result, they often

are sexually exploited. Such sexual exploitation of [REDACTED] is highly likely; and (4) That if [REDACTED], who is sexually active, is housed with the boys, then HYCF should take precautions against the transmission of sexually transmitted diseases and provide condoms. This letter was signed by myself, Dr. S. Peter Kim, M.D., Ph.D. (the Director of Mental Health Services at HYCF), Linda Hadley (the Nurse Practitioner at HYCF) and Lynette Storrer (one of the nurses at HYCF) and sent to Ms. Tufono-Iosefa and Ms. Agnew. A true and correct copy of that letter is attached hereto as Exhibit C.

45. Again, I never received a response of any kind from the YFA or from any other member of the HYCF staff or those who oversee HYCF in response to the September 20 correspondence.

46. Upon being transferred to the Ho'okipa cottage with the boys, [REDACTED] was subjected to a campaign of verbal and physical harassment. On December 2, 2004, I sent another ICF to the YFA documenting repeated instances of physical, verbal and sexual abuse towards [REDACTED] by male wards at HYCF. I detailed instances of [REDACTED] having her hair pulled, being called names such as "fag" and "mahu" and threats against her by other wards of physical violence and rape. I expressed my opinion that this harassment and abuse was a predictable outcome of the YFA's administrative decision to place [REDACTED] with the boys, as I and the other medical staff had warned her of months beforehand. I again asked

that the YFA take appropriate steps to ensure [REDACTED] safety. A true and correct copy of that ICF is attached hereto as Exhibit D.

47. Again, I never received a response of any kind from the YFA or from any other member of the HYCF staff in response to my December 2, 2004 ICF.

48. [REDACTED] was released from HYCF in late [REDACTED] 2004. Unfortunately [REDACTED] was returned to HYCF on or about [REDACTED], 2005, because she was having some problems with the foster family with whom she was placed.

49. I was extremely concerned that Ms. Tufono-Iosefa was contemplating housing [REDACTED] again with boys, particularly in view of the serious harassment and abuse that [REDACTED] suffered when she was placed with the boys in the Ho'okipa Cottage from October through December of 2004. Thus, on August 12, 2005, I again wrote to Ms. Tufono-Iosefa to inform her that my concerns for [REDACTED] safety had increased given [REDACTED] previous experience at Ho'okipa Cottage and that housing [REDACTED] with the boys is a danger to her physical and emotional health and well-being. A true and correct copy of that letter is attached hereto as Exhibit E.

50. I never received a response of any kind from the YFA or from any other member of the HYCF staff in response to my August 12, 2005 letter.

51. It is my belief that any male to female transgender youth at HYCF should be housed with the other girls. Such a placement increases the likelihood of keeping the child physically safe. In addition, such a placement will reduce the potential of placing the child in prolonged isolation, which itself can have serious psychological and physical effects such as those described above in paragraph 26.

52. As an Adolescent Medicine and Pediatric physician who is concerned about the development of youth, I am concerned about the effects of being placed based on anatomy rather than gender identity. There is significant psychological harm to one who identifies as male or female and who is then told by the “system,” that he or she is, in fact, the other gender. Such a practice goes against the prevailing recommendations of pediatrics, psychology, social workers and other youth-serving professionals that individuals should be treated in accordance with their identified gender. These recommendations support my belief that male to female transgender youth at HYCF should be housed with the other girls.

53. Based on my relationship with [REDACTED], I believe that there is a high probability that she will be returned to HYCF. [REDACTED] is living with her biological parents for the first time in years and though they are beginning to adapt and to accept her, a fight with any family member (of which there have been many in the past) may lead to the police being called and [REDACTED] being sent back to HYCF. Additionally, if [REDACTED] fails to strictly comply with every condition of her parole, she will be sent back to HYCF. This places [REDACTED] in a very real risk of danger.

Plaintiff [REDACTED]

54. With respect to the treatment of lesbian wards, in April and early May 2005 two female wards, [REDACTED] and her girlfriend, [REDACTED], independently and without invitation on my part, reported multiple incidents of verbal harassment and abuse by HYCF YCOs, administrative staff, teachers, and other individuals working at the facility. They reported that this harassment specifically targeted them based on their sexual orientation. Based on several conversations with the wards and my contemporaneous notes of those conversations, I drafted and transmitted on May 17, 2005, a detailed letter to the YFA with copies to Sharon Agnew, the Director of the Office of Youth Services, Lillian Koller, the Director of the Department of Human Services and [REDACTED]

██████████. A true and correct copy of that letter is attached to this Declaration as Exhibit F.

55. I explained that the romantic, emotional and physical feelings between ██████████ and ██████████ are completely normal and healthy and that it causes them great harm to be told repeatedly by state employees that their feelings for each other are wrong, or sick, or sinful. I also explained that such a message has no place in a child welfare setting and violates the standards of the American Academy of Pediatrics, the American Psychological Association and a score of other professional bodies interested in the welfare of youth.

56. The continued harassment and abuse of wards based on their sexual orientation was deeply disturbing to me particularly since HYCF had recently been told of the need to adopt LGBT appropriate standards for the youth in its care.

57. Predictably, I never received a response of any kind. Once again, the HYCF staff, administration and those who oversee HYCF, including Ms. Agnew and Ms. Koller, ignored my concerns and my offer for assistance in developing and implementing LGBT standards to provide a safe, respectful and nurturing environment.

58. In other communities, the system encourages licensing of transgender and transgender-friendly foster families as well as gay and gay-friendly foster families. Here in Hawaii, however, there is discomfort across the board, and in all of the agencies responsible for placing youth, with talking about the needs of LGBT youth and their overrepresentation in the child welfare system, and with taking basic steps to address systemic problems of harassment and abuse of LGBT youth, such as developing overarching policies and procedures.

59. Additionally, based on [REDACTED] past history, which includes numerous foster-home placements and running away from programs and placements, I believe that it is quite likely that she too will be soon be back at HYCF. Although [REDACTED] is currently in an independent living facility, she has not yet (to my knowledge) formed a peer group that is supportive of her sexual orientation, and she has little stable family support on the island of Oahu. Incidents of rejection or difficulty in adapting to her program may lead to her running away again, which would result in [REDACTED] being sent back to HYCF.

Possible Retaliation By HYCF Administration

60. On August 26, 2005, I learned that the School of Medicine's contract with HYCF, which is due to expire in June or July 2007, was being reviewed by HYCF. More specifically, I was told that HYCF had made a policy decision to only allow female physicians to treat female wards at HYCF. I believe that it was my advocacy on behalf of the health needs of all wards at HYCF, including wards who are or are perceived to be LGBT, that may have triggered the decision to review the contract and limit the wards access to me.

61. I fear that, rather than responding to this litigation by attempting to correct the dangerous deficiencies in care and security at HYCF, and in particular the ongoing maltreatment of LGBT youth, the Department of Human Services, the Office of Youth Services and HYCF will further isolate and endanger LGBT youth, and other girls at HYCF, in part, by preventing them from speaking privately with me as the supervising physician at the facility responsible for their health care.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ of September 2005 in Honolulu, Hawaii.

Robert J. Bidwell, M.D.