



Future of Health Care In the Insular Areas Leaders Summit



REPORT ON HEALTH CARE IN THE INSULAR AREAS

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E. Jacque Spence, Executive Vice President, Canvasback Missions, Inc.

Topic: Role of the Department of Defense and the Department of Veterans Affairs in Addressing Military and Veterans Health Care in the Territories and Freely Associated States; Partnerships for Services to Civilians

F. CAPT Gail Hathaway, MSC, Deputy Fleet Surgeon, Commander US Pacific Fleet, USN; “Pacific Partnership 07, 08, 09”

G. COL Ron Poropatich, MD, Deputy Director, USAMRMC, Telemedicine and Advanced Technology Research Center; “Pacific Telemedicine”

H. CAPT Stephen S. Bell, P.E., Director of Facilities, USN, Bureau of Medicine and Surgery; “Naval Hospital Guam”

I. Sheila Cullen, Network Director, VA; “Sierra Pacific Network 21”

J. James E Hastings, MD, Medical Center Director, VA; “Pacific Islands Health Care System”

K. Nevin Weaver, Network Director, VA; “Network 8 (service personnel in the USVI)”

Topic: Improving Standards of Healthcare: Quality Assurance and Improvement Programs, Hospital Sanitation

L. Mary E. Rydell, Pacific Area Representative, Centers for Medicare and Medicaid Services, HHS

M. Dr. Vita Akapito Skilling, Secretary of Health and Social Affairs, National Government, FSM

N. Julio Marar, Director of Health Services, Chuuk, FSM

O. Neal A. Palafox, MD, Member, Oceania Community Health, and Professor and Chair, Department of Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawaii

Topic: Telehealth: Connecting Island Health Care. How telecommunications technology can bring medical services and training to the Insular Areas

P. CAPT David A. Lane, Deputy Commander for Clinical Services, Tripler Army Medical Center

Q. Dale S. Vincent, MD, Director of Telemedicine, Telehealth Research Institute, John A. Burns School of Medicine, University of Hawaii

R. Luis Sylvester, Health Policy Advisor to the Governor, US Virgin Islands

S. Stanley M. Saiki, Jr., MD, Director, DOD/VA Pacific Telehealth and Technology Hui VAPIHCS/TATRC MRMC (Telemedicine and Advanced Technology Research Center – Medical Research and Material Command)

I. EXECUTIVE SUMMARY

The Secretary of the Interior has administrative responsibility for coordinating Federal policy in the U.S. territories of American Samoa, Guam, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands, and the responsibility to administer and oversee U.S. federal assistance provided to the Freely Associated States of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau under the Compacts of Free Association. The territories and freely associated states are commonly referred to collectively as “Insular Areas”. The Department’s Office of Insular Affairs executes these responsibilities on behalf of the Secretary. In addition, many U.S. Federal Departments provide financial assistance and technical expertise to the Insular Areas to help improve critical public services.

A critical service that has been the focus of several Federal initiatives is the quality of health care services provided in the Insular Areas. On September 29 and 30, 2008, an unprecedented event was organized under The Honorable Dirk Kempthorne, Secretary of the Interior. Secretary Kempthorne brought together U.S. presidential cabinet members and the respective governors and presidents of the U.S.-affiliated territories and freely associated states, thereby convening a leaders’ summit to focus on improving health care services within the Insular Areas. The U.S. presidential cabinet members who co-convened the leaders’ summit with Secretary Kempthorne were the Honorable James B. Peake, M.D., Secretary of Veterans Affairs, the Honorable David S.C. Chu, PhD, Under Secretary of Defense for Personnel and Readiness, and the Honorable Joxel Garcia, M.D., Assistant Secretary of Health for the Department of Health and Human Services. The leaders of the respective Insular Areas in attendance were His Excellency Manny Mori, President of the Federated States of Micronesia, His Excellency Litokwa Tomeing, President of the Republic of the Marshall Islands, the Honorable Elias Camsek Chin, Vice President of the Republic of Palau, the Honorable Togiola Tulafono, Governor of American Samoa, and the Honorable Felix Camacho, Governor of Guam. Due to emergency circumstances within the Commonwealth of the Northern Marianas and the U.S. Virgin Islands, the respective governors were unable to attend and were represented by their respective senior health officials.

The decision to convene a leaders’ summit on health care challenges of the Insular Areas was a culmination of Secretary Kempthorne’s visits to the island areas and his discussions with government leaders and community members. The Secretary was very concerned that the dire circumstances of the Insular Areas’ health care systems were not made aware to responsible and interested parties best able to help. It was clear to the Secretary that providing a forum for sharing information and ideas was necessary. As noted in his opening address, Secretary Kempthorne intended that the summit would promote clear communication, foster the formation of strong partnerships and result in the identification and combination of resources and additional actions to be taken to further the efforts:

“[I]n convening this leaders’ summit, challenges to quality health care will be put on the table so that together we can figure out ways to help ensure a brighter

future for health care in the territories and the freely associated states. This is the reason you're here today, the chief executives of the respective jurisdictions. This first-ever leaders' summit derives from my firm belief that the people of the U.S.-affiliated Insular Areas should have better facilities, equipment, programs, and professional expertise. I'm confident that working together we can find ways to advance health care in the islands. This summit will not solve all of the problems, but is the beginning of a process that can develop the right balance of resources and effective action plans to help these island communities that are so important to the United States. There will be no single right way to go about our work today and tomorrow. There will be no single correct conclusion. There will be no one-size-fits-all conclusion. The mission of this summit is to raise our awareness to renew lines of communication and commit ourselves to finding adaptive strategies and partnership solutions. I ask that we all have open minds and open hearts as we hear more about insular challenges, needs, and priorities. I hope in the end we can establish a framework built on partnership and cooperation to meet these challenges, needs, and priorities. Together, working as partners, I'm confident that we can save lives, we can heal wounds, we can cure diseases, and we can improve the lives of our people."

Invited to participate in the leaders' summit were U.S. Congressional members, leaders from the State of Hawaii, Federal government employees, and Insular Area policy makers and health officials. Due to the importance of non-governmental volunteer organizations and donors, representatives from these organizations were also invited to participate. The leaders' summit was attended by over 170 persons and, in the words of Secretary Kempthorne, "it's the right people, the right occasion, the right topic, the right time."



US Government Principals and Island Leaders. Photo by Randy Beffrey

Many topics were discussed at the Summit. In addition, as a follow-up to the Summit, Secretary Kempthorne convened a meeting on November 3, 2008, with Secretary Peake, Under Secretary Chu, and Assistant Secretary Garcia, to further discuss Summit issues and, as possible, to undertake actions towards resolution and the development of long-term solutions.

Identified Health Care Priorities and Issues:

1. There are dedicated and hard-working health care professionals in the Insular Areas who, without adequate resources and under severe shortages of experienced medical and support staff, necessary equipment and basic supplies, struggle daily to do their jobs.
2. ICAIHR Task Force and Report: Joint Resolution, signed by the four U.S. Secretaries, establishing the *Interagency Coordinated Assets for Insular Health Response* (ICAIHR). ICAIHR task force to be assembled: to assess the health care needs of each of the seven Insular Areas (territories and freely associated states), in consultation with the appropriate leaders from the areas; to develop a priority list of actions, specific to each Insular Area, that addresses the most critical health care needs; and to prepare a report (target date June 2009) to be submitted to the Interagency Group on Insular Areas (IGIA).
3. New IOM Study: Update to the Institute of Medicine's *Pacific Report*, issued in 1998. IOM reported on its evaluation of the healthcare systems in the Pacific Insular Areas. Reportedly, health care officials in the islands used the report as a roadmap to guide them in developing their health care systems. A new study is now needed to provide current information and should encompass systems in both the Pacific areas and the U.S. Virgin Islands. Discussions between ICAIHR and the President of IOM regarding a new study are underway.
4. Disparities in the administration of U.S. Federal health programs such as Medicaid: Review of the formulas used for determining the Federal share provision of the Medicaid program is necessary to help ensure fair and equitable treatment of U.S. citizens and nationals residing in the territories. An increase from the current Federal participation rate of 50% to the 80% allowed in other U.S. locations would significantly reduce local costs to Insular Area governments and thereby increase resources available to improve facilities, services, equipment and supplies.
5. Establishing Standards and Priorities of Health Care: The Pacific Island Health Officers Association (PIHOA) is developing the information. A holistic approach is recommended to encompass all levels of personnel and services and the effects of ancillary factors such as power, water and logistics. Information from U.S. Virgin Island health officials will be included.
6. Strengthening Partnerships for Assistance: Insular Area health facilities to partner with Federal departments such as Defense and Veterans Affairs; hospitals in Hawaii and the U.S. mainland; educational institutions; and private foundations and organizations.

Partnerships are desired to increase the Insular Areas' access to resources and technical assistance. Also, increased collaboration between local hospitals and Veterans Affairs is desired to share expertise and local facilities with VA health care professionals (e.g., Community Based Clinics and, moreover, Insular Areas would like services similar to an existing U.S. county hospital in Georgia - visited by Governor Togiola of American Samoa who stated that VA health professionals assigned to the county hospital provided services to both military and civilian patients).

7. **Developing the Workforce:** To help address challenges of recruitment and retention of qualified personnel and the world-wide shortages of available medical and support personnel, Insular Areas would like assistance implementing methods to build local capacity. Activities such as on-the-job training; emphasizing sciences in school curriculums; scholarships; benefits of both educational funding and salaries for working professionals who agree to attend medical programs and provide equitable services back to sponsors; and mentoring programs have been incorporated into PIHOA's Human Resources for Health programs and other local efforts. In addition, the Insular Areas qualify as underserved population areas for health care and would like access to Federal programs targeted to assist such designated areas.

8. **Technology:** Improve fiber-optic technology to increase telehealth opportunities for technical advice, services, training and education, and to help reduce the costs of off-island medical referrals.

9. **Increase Communication on a Regional Basis:** Develop a web-based process (e.g., OIA's Island Business Link) to increase communication among leaders and health care professionals – especially helpful for Regional concerns and issues such as the possibility of bulk purchases of equipment and medications.

10. **Report Issued by the Department of the Interior's Office of Inspector General:** In September 2008, the OIG issued a report entitled "Insular Area Health Care: At the Crossroads of a Total Breakdown". The report was not issued as an audit or other formal qualified review and had a stated goal, "[t]o combine personal observations and interviews". Much of the information in the report was based upon statements made by hospital staff. OIG reviewers did not verify all of the statements reported. In addition, the report did not evaluate the effectiveness of any of the actions undertaken by health care officials and Insular Area leaders to address challenges, nor did the report offer any recommended solutions. However, Secretary Kempthorne did agree that the report mirrored some of the conditions he observed during his visits to the facilities. Moreover, Secretary Kempthorne praised the health care workers for their devoted efforts to provide services under challenging conditions and stated, "let's build upon the good and correct the challenges".

11. **Specific infrastructure, equipment and supply needs:** In addition to the massive projects such as new and expanded facilities; fiber-optic capacity for affordable participation in telehealth opportunities; educational and training needs; and wellness programs to promote healthier lifestyles to help control diseases such as diabetes and

hypertension, some items were specifically identified as immediate needs to fulfill basic services (Summit and OIG report):

American Samoa: Radiology Ultrasound machine; C-T Scanner; X-Ray machine compatible with tele-radiology opportunity requirements; Dental X-Ray machine (OIG); Dental equipment to make dentures and bridges (OIG); Dental Chrome Cobalt machine for fusing porcelain to metal (OIG); Incubators (OIG); Upgrades to telehealth operations to reduce incidences of “timing out” which sever the connection (OIG).

Commonwealth of the Northern Marianas: Basic medical supplies such as appropriately sized needles, lab reagents for basic laboratory procedures (OIG); Programs to promote preventive care to help reduce the current rate of the development of high blood pressure, uncontrolled cholesterol and diabetes; Generator at both the hospital and clinic (OIG); Water Boiler (OIG); Electronic record-keeping and billing systems and expertise to staff – will help improve billing processes (OIG).

Guam: Shortages of IV pumps, feeding pumps, stretchers, gloves and masks (OIG); Additional ambulances (OIG); Storage space for medical records (OIG); Collaboration and funding to prepare for impending increase in demand for services due to military relocation to Guam (Governor); Revisit Federal border policies to recognize health threats from Asia (Governor).

U.S. Virgin Islands: Back-up generator (OIG); Water and Cooling systems are overworked and antiquated (OIG); Automated system for vital statistics data; Alternatives to current costly biohazardous process of freezing and transportation to Florida (unable to incinerate at current operations location due to EPA issues); Return of medication that was oversupplied, damaged or expired; Health care services for women military veterans.

Federated States of Micronesia: General cleaning and basic supplies (e.g., protective gloves and masks, biohazard storage containers); Adequate incinerators to handle and dispose of biohazardous waste; C-T Scanner or MRI; Equipment and supplies to perform basic services in morgues, obstetrics, kitchens, laundry and physical therapy units (primarily for Chuuk State); Dental X-Ray machine; Autoclaves; Revise the Denton Amendment to include the freely associated states so that DOD resources may be used to transport necessary equipment and supplies to the freely associated states.

Republic of the Marshall Islands: General cleaning and basic supplies (e.g., protective gloves and biohazard storage containers); Immediate training for pharmacy technicians and embalming technician who are performing duties without certifications; Adequate incinerators to handle and dispose of biohazardous waste; Assistance with electronic records system.

Republic of Palau: Specialized materials to handle outbreaks such as Dengue Fever (clean up and insecticides to destroy mosquito breeding grounds) (Vice President); Decompression chamber (used for divers) that needs to be certified (Vice President); X-Ray machine (OIG); Additional ambulances (OIG); Supplies for obstetrics such bilirubin lights, blankets and infant pumps (OIG); Assistance with regards to health care financing (OIA note - Palau is not eligible for Medicaid); Minimum health statistics data set for all Insular Areas and uniform automated system to maintain the data.

Some of the immediate needs as identified above may be resolved under existing programs and resources; others may require creative programmatic or legislative actions to develop and implement solutions. As recognized by the senior leadership of the U.S. Departments of the Interior, Health and Human Services, Veterans Affairs and Defense in the convening of the leaders' summit and the creation of the ICAIHR task force, improving health care in the territories and freely associated states will require strong commitments and partnerships. Solutions to correct systemic problems and have long-term effectiveness must transcend Administration changes, both at the Federal and Insular Area Government levels. In addition, U.S. non-governmental organizations must be recognized and utilized as a resource.

The Department of the Interior's Office of Insular Affairs will continue to work within the ICAIHR task force and other Federal multi-agency organizations to help ensure that improving health care in the U.S.-affiliated territories and freely associated states continues to be a focus of the Federal Government.

II. Summary and Highlights

Over 170 persons attended the leaders' summit to discuss issues related to the quality of health care in the Insular Areas. Each of the leaders, U.S. Cabinet members and the respective Presidents and Governors, was given an opportunity to make opening and closing remarks. The remarks made by the Insular Area Government leaders included both health-related issues and other issues that the leaders felt were of significant concern. For the most part, the other issues discussed indirectly affected the Insular Areas ability to improve the quality of health care services. The additional issues included concerns in the areas of education, energy, technology and transportation. The full text of each of the leaders opening and closing remarks may be found under section III of this report.

The format of the discussions held during the summit included both panel presentations and "open-mike" floor sessions. The specific topics selected for panel presentations were prioritized from previous discussions held with the Insular Area leaders and other officials, and from concerns raised during Secretary Kempthorne's visits to the individual island areas. Also, information was solicited from the U.S. Departments partnering with Interior in this effort (i.e. the U.S. Departments of Health and Human Services, Defense and Veterans Affairs). All of the panel members are experts in their fields and were either selected by their respective governments or represented non-governmental organizations that provide services to the Insular Areas. The panel topics and members were as follows:

Panel 1: Addressing Critical Shortages (Personnel, Equipment & Infrastructure):
Capacity Building & Quality Assurance Programs, Partnerships, Engaging Volunteers



Panel 1 Members at Health Summit. Photo by Tami Heilemann

Panelists:

- MODERATOR: CAPT John Walmsley, Senior Public Health Advisor, Region IX, HHS, and Chair for the Region IX Federal Regional Council's Outer Pacific Committee
- Joseph Kevin Villagomez, Secretary of Public Health, CNMI, and President of the Pacific Island Health Officers Association (PIHOA)
- Gregory J. Dever, MD, Director, Palau Bureau of Hospital & Clinical Services, and Director, Palau Area Health Education, Clinical Professor of Pediatrics, John A. Burns School of Medicine, UH
- Toaga A. Seumalo, RN, President, American Pacific Nursing Leaders Council
- Thome Joel, President, Pacific Basin Medical Association

- Dyanne Affonso, PhD, Member, National Academy of Sciences, Institute of Medicine, and Director, Research Infrastructure Minority Institution, UHH
- Jacque Spence, Executive Vice President, Canvasback Missions, Inc.

Panel 2: Caring for America’s Military Heroes and Public Services: The Role of the Department of Defense and the Department of Veterans Affairs in Addressing Military and Veterans Health Care in the Territories and Freely Associated States; Partnerships for Services to Civilians.



Panel 2 Members at Health Summit. Photo by Tami Heilemann

Panelists:

- CAPT Gail Hathaway, MSC, Deputy Fleet Surgeon, Commander US Pacific Fleet, USN; “Pacific Partnership 07, 08, 09”
- COL Ron Poropatich, MD, Deputy Director, USAMRMC, Telemedicine and Advanced Technology Research Center; “Pacific Telemedicine”
- CAPT Stephen S. Bell, P.E., Director of Facilities, USN, Bureau of Medicine and Surgery; “Naval Hospital Guam”
- Sheila Cullen, Network Director, VA; “Sierra Pacific Network 21”
- James E Hastings, MD, Medical Center Director, VA; “Pacific Islands Health Care System”
- Nevin Weaver, Network Director, VA; “Network 8 (service personnel in the USVI)”

Panel 3: Improving Standards of Healthcare: Quality Assurance and Improvement Programs, Hospital Sanitation

Panelists:

- MODERATOR: CAPT John Walmsley, Senior Public Health Advisor, Region IX, HHS, and Chair for the Region IX Federal Regional Council’s Outer Pacific Committee
- Mary E. Rydell, Pacific Area Representative, Centers for Medicare and Medicaid Services, HHS
- Dr. Vita Akapito Skilling, Secretary of Health and Social Affairs, National Government, FSM
- Julio Marar, Director of Health Services, Chuuk, FSM



Panel 3 Members at Health Summit. Photo by Tami Heilemann

- Justina Langidrik, Secretary of Health, RMI
- Carmelo Rivera, Chairman, Government of the Virgin Islands Health & Hospitals Facilities Corporation, USVI
- Neal A. Palafox, MD, Member, Oceania Community Health, and Professor and Chair, Department of Family Medicine and Community Health, John A. Burns School of Medicine , UH

Panel 4: Telehealth: Connecting Island Health Care. How telecommunications technology can bring medical services and training to the Insular Areas

Panelists:

- CAPT David A. Lane, Deputy Commander for Clinical Services, Tripler Army Medical Center
- Dale S. Vincent, MD, Director of Telemedicine, Telehealth Research Institute, John A. Burns School of Medicine, UH
- Patricia Tindall, CEO, Lyndon B. Johnson Tropical Medical Center, American Samoa
- Luis Sylvester, Health Policy Advisor to the Governor, US Virgin Islands
- Stanley M. Saiki, Jr., MD, Director, DOD/VA Pacific Telehealth and Technology Hui VAPIHCS/TATRC MRMC (Telemedicine and Advanced Technology Research Center – Medical Research and Material Command)



Panel 4 Members at Health Summit. Photo by Tami Heilemann

- In addition, a presentation was provided by J. Peter Roberto, Acting Director of the Division of Public Health and Social Services, Guam.



Kempthorne and Peake. Photo by Randy Beffrey

The Department of the Interior contracted to have an audio recording of the summit proceedings. Transcripts of the proceedings may be found in section VI of this report. Unfortunately, equipment failures occurred and the contractor did not capture the full proceedings related to panel 2 and the immediate following discussions. The Department's Office of Insular Affairs had some "spot" video recordings of the respective period and

transcripts were made from the available video.

In addition to the panel presentations and discussions, a working session for the island health officials and others was conducted on the afternoon of September 30, 2008. The working group participants discussed the summit proceedings with the objective of submitting recommendations to supplement the information obtained during the summit's main venues. A list of the proposed recommendations may be found in section V.

Many of the panelists prepared power point presentations. Copies of the power point presentations may be found in section VII, Appendix I, of this report.

An abundance of notable information was disclosed in the leaders' remarks, panel presentations, "open-mike" sessions and during the working group session. Please read this report in full to obtain information needed to continue meaningful discussions related to improving health care in the Insular Areas. A full analysis of the report information will be undertaken by the Interagency Coordinated Assets for Insular Health Response (ICAIHR) task force and the Department's Office of Insular Affairs. Some notable points follow.

HIGHLIGHTS

(1) A Joint Resolution establishing the Interagency Coordinated Assets for Insular Health Response (ICAIHR), "I Care", was signed by Secretary Kempthorne, Secretary Peake, Under Secretary Chu and Assistant Secretary Garcia. Each of the senior officials thereby committed their respective agencies to take part in a task force for the following purposes: to assess the health care needs of each of the seven Insular Areas; to develop a priority list of actions, specific to each Insular Area, that addresses the most critical health care needs; and to prepare a report to be submitted to the Interagency Group on Insular Areas (IGIA). Secretary Kempthorne, as Chair of the IGIA, identified June 2009 as the target completion date of the assessments and reports. Additionally, the following comments were made:

Secretary Kempthorne: [L]et me use the word holistic. I am going to encourage the task force to be holistic in its approach. So when we think of all these categories of

professions; it is housekeeping, it is technicians, it is physician assistants, it is RNs and it is MDs. It's every aspect of it, and it is not just a one-time shot. It is sustained.”

(2) In October 2008, a week before the Health Summit, Interior's Office of Inspector General released an evaluation report entitled, “*INSULAR AREA HEALTH CARE: At the Crossroads of a Total Breakdown*”. The OIG report included graphic information about conditions found at some of the health care facilities in the islands. Island health officials stated they were disappointed that they were not given an opportunity to comment to the OIG prior to the issuance of the final report. Some participants thought that the summit was a result of the OIG report. The Insular Area leaders commented that although the report did contain some helpful information, they were disappointed that the OIG report did not include any of the many positive activities undertaken by health officials, and the improvements to the facilities made possible, in part, by the Department's grant programs.

Secretary Kempthorne made the following comments:

Secretary Kempthorne: “[T]his summit is not a result of the OIG report. This is an outcome of my trips to the islands, of my discussions with the wonderful island leaders. Things in the report are serious and sobering and must be addressed. There are also very, very positive things happening in health care in the islands and will be captured in the task force's report. So let's build upon the good and correct the challenges. Let's also acknowledge the outstanding devoted caregivers who have devoted their lives to this.



Sec. Kempthorne on Pacific Trip. Photo by Randy Beffrey

(3) Information about many of the activities undertaken by the U.S. Departments of Veterans Affairs and Defense specifically related to services to eligible service personnel and their dependents was shared at the summit. A new Community Based Outpatient Clinic (CBOC) was recently opened in American Samoa, and meetings have been held to set up the process by which eligible VA and DOD recipients may receive specialty care at the local medical facility in American Samoa. Through collaboration with the CNMI government, the VA and Defense are looking into expanding services to eligible personnel located within the Insular Areas. The overarching message is access through collaboration. Collaborative efforts have helped the VA and Defense develop programs specifically to service active military personnel, retirees and veterans in both the territories and the freely associated states. Much more information is needed related to the number of eligible recipients. During the presentations under panel 2, COL Ron Poropatich, MD, and James E. Hastings, MD, along with others on the panel, shared information related to expanding Telehealth programs and the VA's user-friendly electronic health record database tool that can integrate health care in all the areas as it

provides searchable and computable data, allowing access to all locations at which a patient has been seen.

To help further the efforts of the Departments of Veterans Affairs and Defense, Secretary Peake and Under Secretary Chu made the following recommendations:

Secretary Peake: “[W]e have a responsibility to those who have served this nation and who are serving with a higher propensity, as we have heard over the last day and a half. The opportunity to synergize our efforts with those of you in the leadership positions is a great opportunity. At a sit-down, like the kind this forum invites, strategic planning with a needs assessment should be completed. Then, we can figure out who and how to fill the gaps. We must understand how different agencies are being forced to look at the demographics, e.g., recent returns from Iraq and Afghanistan. We can all come together and identify where we may have overlapping interests.”

Under Secretary Chu: “[T]here’s the wonderful program, telemedicine, operated by Tripler Army Medical Center. There’s the tertiary care that it provides in the Region. There are the ship visits that the United States Navy makes with medical teams that provide immediate assistance. The real question is, “What’s the future role that you ought to ask the Department of Defense to play, what is appropriate for us to do?” I think what Secretary Kempthorne is challenging us to consider is what might be a conjoint effort in which Defense might play an important role. I do think our facility on Guam does represent a significant opportunity as we begin a conversation. We must soon replace the physical building in which our medical center is now housed. What should that look like and what should be its relationship to the Department of Veterans Affairs where Secretary Peake has already extended his hand in several locations to ensure that we work together as opposed to separately? And I do believe that’s going to cause a revolution in terms of how we deal with medical care between the two departments over time. What should be the role of this new facility on Guam? We are committed.”

“[A]nd we pledge that, in so far as I have responsibility with Department of Defense, I want to make sure we do advance this developing agenda in these many months of this administration so there is a firm foundation for the future. I very much look forward to what the groups this afternoon are going to produce, and to what the ICAIHR team will produce in the next several months.”

(4) Recognizing that the Department of Health and Human Services is the primary U.S. Department for health care for areas that include the insular islands, the following comments were made:

Assistant Secretary Garcia: “[T]he Secretary himself right now is dealing with some global health issues as well, and so he sent not only his Assistant Secretary of Health to help here, but also the commitment that we’re going to be supporting in every possible way. And this is a very important meeting for us. The conference provides an excellent venue, fertile environment if you will, for information exchange and discussions among

all the leaders here, and also how to inform the public and how to create policy in a much more efficient and effective way.”

“[T]he three challenges that we have is that we want to (1) create stronger ties with the United State agencies and reach out to them for technical assistance, (2) work with the US government guiding key policy decisions that may impact the Insular Areas, and (3) as mentioned also by the Secretaries, look for a number of ways to partner with our different government agencies.”

Region IX Director Lorentzen: “Wonderful event. It’s turned out to be quite outstanding, and I reported back to the Secretary’s office this morning that I thought that this has worked out exceptionally well, and the health and well being of the Insular Areas is certainly in everyone’s interest. Maybe this format is something to look at in considering to be done on an annual or bi-annual basis in the future to go forward.”

(5) Several leaders and island health officials stated that a process for communicating health-related issues to the Federal government and among Insular Area officials would greatly assist the island officials. Governor Togiola of American Samoa suggested that the Department provide access for such communication through the Island Business Link website managed by the Department’s Office of Insular Affairs. OIA will research the possibility.

(6) A Regional approach was recommended to foster the sharing of information, expertise, assets and cost. For example, Vice President Chin of Palau stated that having an organization to handle activities such as receiving and processing requests for procurement bulk purchases would be extremely helpful. In this way, several Insular Areas may be able to combine orders and take advantage of bulk-purchase discounts and lower per-unit costs. The health officers, through their Pacific Island Health Officers Association, PIHOA, have begun discussing the processes necessary. OIA’s assistance to develop a communication process for health issues will contribute greatly to regional efforts. Also, it is conceivable, that such communication and regional efforts could be expanded to include other areas and not be limited to just health-related issues and initiatives.

(7) Congresswoman Christensen, Dr. Dever of Palau, Dianne Affonso of the Institute of Medicine and others requested that the Institute of Medicine (IOM) update its 1998 report on the status of health services delivery in the Insular Areas. Per Dr. Dever and other island health officials, the IOM report has been used as a road map to help track the progress of improvements to island health care systems. A new report is requested to help point the way forward. Also, although the 1998 report did not include the U.S. Virgin Islands, all agreed that any new study should include all of the Insular Areas. Note: per Dyanne Affonso, IOM has a Congressional charter to be an advisor to the Federal government and to examine and investigate policy matters that pertain to the health of the public. Also, “IOM work matters because the publications may become health initiatives and may impact standards, licensure, education and accreditation requirements.”

(8) Energy resources and costs in the Insular Areas have created severe circumstances as local finances are unable to keep up with the rising costs of fuel and the necessary repairs and upgrades to utility systems. Per Secretary Kempthorne, “[T]here’s a couple of constants out in the island areas - sunshine and trade winds. As we move forward, we need to take a look at the power supply for hospitals, help Insular Areas tap into more solar and wind turbines. There’s also wave and currents. We need to do an outreach program with companies moving into the new technologies and give them a practical application to provide power to the hospitals in the Insular Areas using solar, wind, etc. Give them a demonstration opportunity.”

Notable Questions and Responses

Q: Hospitals should be an oasis of cleanliness and order of the highest caliber. The facilities should be the standard for the community. How do we get to the basics? And if we get there, can we maintain it?

Responses:

Dr. Greg Dever (Palau): The Pacific Islands Health Officers Association (PIHOA) could do peer reviews, share best practices, bring problems to the attention of the policy makers, and help small improvements to be immediately addressed.

Stevenson Kuartei (Palau): The janitorial staff should be treated as any other professional. Standards should be developed for them and they need training.

Neal Palafox, M.D. (University of Hawaii, Oceania Community Health): To clean a hospital takes about 5 – 10% of a hospital’s budget. Do the hospitals in the Insular Areas have an adequate budget to dedicate the funds to the task? In the U.S., the benchmark to run a quality hospital is around \$1,100 to \$1,400 per bed, per day. In the Insular Areas, with their limited resources, the amount available is closer to \$45 per bed, per day. As you can see, the budgets of the Insular Area hospitals are strained and challenged. Also, I believe a dirty hospital is a symptom of a system that isn’t working. Why doesn’t the system work? Partly because of funds, and partly because of a system of standards and priorities that don’t work (or don’t exist).

Q: Are there universal standards, but then a conscious decision is made that the standard can’t be achieved? Or is there something we should look at for developing standards? For example, the report by the IG mentioned the disposal of biomedical waste. There are basic supplies needed to handle medical waste, such as containers and gloves, basics that are not made available. What role does CDC (Centers for Disease Prevention and Control) play in this?

Responses:

Vita Skilling (National Government, FSM): We have to look at our current standards and develop others. (Disposal of biomedical waste as an example). Each of the four (state) hospitals (within the FSM) has an incinerator that is either not enough to take care of the waste or is not functioning. We are getting assistance from Japan Overseas Assistance. Each of the four hospitals will be getting a small wood-burning incinerator to get rid of the immunization waste. But if we do that, we will burn off all of our trees and have a desert instead of our beautiful island. We do the best we can with what we have. Sometimes, using the standard of a developed nation to assess the underdeveloped nation's condition is like using the budget for buying a used pair of slippers at the Goodwill store to purchase the latest fashion shoes in an exclusive store.

Bill Gallo (CDC, Hawaii Office): CDC has a wealth of technical resources in the area of steering people to the best ways to deal with environmental health issues, and they also are good resources as far as accessing standards. The standards have to be adaptable. They have to fit the context. There isn't just a single gold standard. It has to be something that works in different environments, and CDC understands that. The World Health Organization also understands that, and actually probably has a better understanding since they're looking at countries across the board from the poorest developing countries to the wealthiest countries. As far as biomedical waste, for example, there are very high-tech ways that we address those issues in America where we have a whole different scale of resources available to us. There are also very safe ways to dispose of these things that are much more cost-effective and conducive to situations that other people are operating in and CDC could provide assistance.

Neal Palafox (Oceania Community Health, UH and COFA): With the development of quality assurance plans, standards are being looked at by the Insular Areas. The lead group to determine what the standards should be for the Insular Areas should be the island health officials, PIHOA. Currently, when you compare the numbers of health care dollars in the Pacific against world standards, some of the islands in the Pacific are comparable to areas such as Mexico and Turkey. So, what are the standards that are possible and desirable? Is it Mexico's, or is it the U.S'? The first step, I believe, is to define the standard of care. Once you identify the standards, then you can create the priorities. For example, should we have dialysis? Maybe, maybe not. Maybe dialysis is an American dream but not a Pacific dream. Once you develop standards and priorities, then you can plan for how you will operate and what you can offer, and people will know what to expect from the health care system. You can also then plan with interfacing countries, your "allies". Maybe the Insular Areas can provide a wonderful primary and secondary care system, and then an "ally" partner, such as Hawaii, provides the back-up for other services. The partners will then know what their obligations are and what to expect.

Carmelo Rivera (USVI): We struggle to comply with mainland standards and to remain accredited. We have no problems with standards, per se, and believe standards are necessary for quality care. But complying with standards requires technology; it requires

ample equipment; it requires supplies; it requires expertise; it requires infrastructure modification and upgrades; it requires lots of money. That's the reality of it.

Q: What are some of the greatest challenges, actions to try to resolve those challenges and ideas for additional solutions?

Responses: The report contains information on many challenges, current activities to help address the challenges, and ideas for possible solutions. The Department will follow through on as many actions as possible and the task force under the Joint Agreement, ICAIHR, will do a more in-depth assessment of the report information and on actions as mandated.

One of the most pressing challenges and information offered at the summit follows:

Challenge: Workforce recruitment and retention

Details: Problems of recruitment and retention of qualified, experienced medical personnel due, in part, to a lack of resources (funding and personnel), poor working conditions (facilities, support systems, supplies and equipment), remote locations, lack of training of existing personnel, lack of effective quality assurance programs to help ensure quality work (includes aspects such as training, supervision and evaluations), lure of the "green" from other higher-paying locations; how do you entice educated locals back to the islands?

Dr. Dever (Palau) on current activities to address: PIHOA development of Human Resources for Health Programs in all of the Insular Areas – place programs in schools that foster interests in careers in the medical field (sciences, mathematics); scholarships; and mentoring programs including opportunities to observe in the field. (FSM tried bonding requirements to help gain a commitment from hired personnel but the action did not prove effective to keep staff.)

Recommendations for additional actions:

- (1) Vice President Chin (Palau), Patricia Tindall (American Samoa) and others:
Develop regional approaches to share expertise, assets and resources. If interested and responsible parties are able to communicate and share information to perform actions on a Regional basis, we would be able to identify resources for personnel, equipment and supplies and help reduce costs through processes such as bulk purchases, GSA surpluses, and corporate sponsorships.
- (2) Congresswoman Christensen (Delegate for USVI), Dr. Dever (Palau) and others:
A new assessment of the delivery of health care in the Insular Areas is needed; an update to the 1998 IOM report that has been used by island health officials as a roadmap. A new report will help determine progress in health care, identify weak areas and help determine the path forward;

- (3) John Whitt (Guam) and others: Select talented people and pay for their education and salary while they are studying, and incorporate a commitment to return and provide service to the Insular Area
- (4) Pete Sgro (Guam): Short term solution: Originates from US DHHS – Guam is designated as a physician shortage area. CNBC reported that hundreds of millions of dollars of outstanding loans to students for medical school. Many of the students are now practicing doctors. Per the program, if the debtor works in a physician shortage designated areas, 25% of the student’s loan debt is forgiven for each year worked. Since the debt is owed to the Federal government, can DOI get the doctors sent to the islands to work off the debt? The program was approved by Congress.
- (5) Pete Sgro (Guam): Interviewed a total of 12 nursing recruiting companies in the Philippines and found only one acceptable, a Manila based company called *GROW*. An organization based in Maryland called *Adventist Health Care* is part owner of *GROW*. *GROW* was determined to be the best recruiting company in the Philippines because the Nursing Registry is the only registry owned by a US health care system. *Adventist Health Care* actually sent nurses from Maryland to the Philippines to teach the foreign nurses how to pass the test and to transition to the US standard of care. I encourage others to contact *GROW*. As of the end of September, *GROW* had 235 nurses licensed to practice in the US.
- (6) Governor Togiola (American Samoa): The State of Hawaii has developed a program with the University of the Philippines. It is my understanding that certain courses are articulated so that nurses’ training could be standardized with stateside standards. Governor Lingle (of Hawaii) is working on the program to help solve the shortage of nurses in Hawaii. American Samoa is piggy-backing on the program and has had some success in recruiting nurses to American Samoa. Nurses graduating from the referenced nursing program will already be ready to take the US nursing exam.
- (7) Admiral French, USN: Many in the Insular Areas serve in the military. Promoting the training of local talent is a good investment as they are more likely to come back to their islands. Mentorship – how do we help those people with the talent, how do you convince them to pursue the career? Add mentorship to the process to encourage the right person to go off and be successful and then come back to serve in their Insular Area island home.
- (8) Jacque Spence (Canvasback, Inc.): Canvasback brought young people along with volunteers to participate in the programs. One example, a medical couple brought their son twice. Later, the son became a doctor and participated in a volunteer program. I would like to invite local youths to work with the visiting volunteer teams.

- (9) Secretary Kempthorne: “Paying Down” concept; commitment as “trade” for training received in the military, give service back to the military. Due to the strategic locations of the islands, could you (query to Admiral French) put the islands that are US territories and Freely Associate States into rotation for the military physicians? (ICAIHR and the Department’s Office of Insular Affairs will pursue.)

As previously stated, an abundance of information was disclosed during the summit. Please read this report in full to obtain information needed to continue meaningful discussions related to improving health care in the Insular Areas. A full analysis of the report information will be undertaken by the ICAIHR and the Department’s Office of Insular Affairs.

Many of the leaders and participants found the summit to be a much needed event and thoroughly enjoyed the open forum format. Comments received were positive and all expressed gratitude for the opportunities to express their ideas and to air their concerns among leaders who can make a difference. The island health officials and other participants took full advantage of meeting with their Federal counterparts and non-governmental organization representatives to solidify existing relationships and to form new partnerships. The Department looks forward to working with its many partners to help the Insular Areas increase their access to quality health care.

III. Opening/Closing Comments of the Leaders and Invited Speakers

Each of the U.S. cabinet members and Insular Area leaders present made official remarks for the record. In addition, the Honorable Donna M. Christensen, M.D., U.S. Virgin Islands Delegate to Congress and Chairwoman of the House Natural Resources Subcommittee on Insular Affairs, and the Honorable James “Duke” Aiona, Lieutenant Governor of Hawaii, were invited to make remarks. Full transcripts of the remarks follow.



Principals at Health Summit. Photo by Randy Beffrey.

Dirk Kempthorne, Secretary of the Interior

James B. Peake, M.D., Secretary of Veterans Affairs

David S. C. Chu, PhD, Under Secretary of Defense for Personnel and Readiness

Joxel Garcia, M.D., Assistant Secretary for Health, Department of Health and Human Services

Manny Mori, President of the Federated States of Micronesia

Litokwa Tomeing, President of the Republic of the Marshall Islands

Elias Camsek Chin, Vice President of the Republic of Palau

Togiola Tulafono, Governor of American Samoa

Felix Camacho, Governor of Guam

Joseph K. Villagomez, Secretary of Health for the Commonwealth of the Northern Marianas, on behalf of Governor Benigno Fitial

Vivian I. Ebbesen-Fludd, RN, Commissioner of Health for the USVI, on behalf of Governor John de Jongh

Donna M. Christensen, M.D., U. S. Virgin Islands Delegate to Congress & Chair of the House Natural Resources Subcommittee on Insular Affairs

James “Duke” Aiona, Lieutenant Governor of Hawaii

Remarks of the Honorable Dirk Kempthorne, Secretary of the Interior

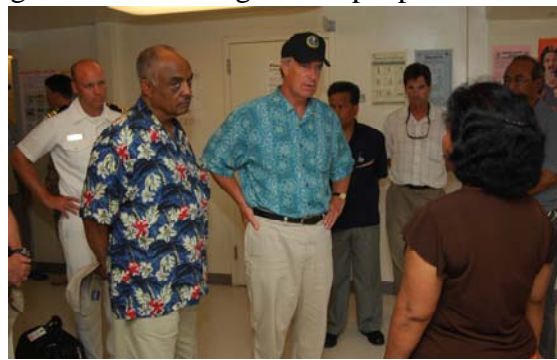
09.29.08 Opening Remarks: Nik, thank you. Aloha. Talofa lava. Hafa adai. Yokwe



yuk. Kaselehlie. Ran anim. Kefel. Len wo. Alii. Howdy. Nik, thank you very much for the introduction. President Mori, President Tomeing, Vice President Chin, Governor Togiola, Governor Camacho, Governor Fitiafai, Lieutenant Governor Aiona, Secretary Peake, Undersecretary Chu, Assistant Secretary Garcia, Congresswoman Christensen, Admiral French, Ambassadors, all who are here, this is a very impressive gathering. I thank you all for joining me on this historic occasion as we gather to discuss the future of health care in the Insular Areas (territories and freely associated states). I would especially like to recognize and to thank James Peake and David Chu and Joxel Garcia for co-hosting

this with the Department of the Interior as co-conveners. And I also want to thank the Presidents of the Freely Associated States and the Governors of the US Territories, their health secretaries, directors, public health directors, hospital administrators, chief executives for joining us today. This is an impressive group in this room. It's the right people, the right occasion, the right topic, the right time. Also appreciate the participation of other Federal officials, as well as representatives of the State of Hawaii, other mainland state government agencies and health care associations and groups.

Some of my most treasured memories as Secretary of Interior have come from the opportunities that I've had while visiting the US territories and the freely associated states. Beginning in June 2007 in the Pacific, and concluding last month in the US Virgin Islands, I have now visited all of them and feel a deep sense of affinity with the people and the unique cultures of these beautiful, beautiful places. In the Pacific, I was honored to be accompanied by BJ Penn, the Assistant Secretary of the Navy. The Navy as you know has a historic connection with the Insular Areas in the Pacific. Interior has now inherited that close connection, so I was happy to travel with the Assistant Secretary Penn and also see the US Naval Command Marianas with Admiral French. It was tremendous. During my visits, I've also taken the time to visit hospitals and health centers in the Insular Areas and met many dedicated health care professionals who have touched my heart. I've seen a first class state-of-the-art cardiology center and cancer centers for example. But I've also seen firsthand the challenges faced in caring for the peoples of the Pacific and the US Virgin Islands who sometimes are hundreds, if not thousands, of miles from the nearest medical center. To a person, these professionals perform their jobs with tremendous skill and dedication in the face of sometimes difficult circumstances. I do not want our discussions here to detract from their devotion and enthusiasm for their jobs. On the contrary, these doctors, nurses, health officers, and other medical and support



*Ass. Sec. BJ Penn and Sec. Kempthorne on Pacific trip.
Photo by Randy Beffrey*

professionals do their jobs when at times they faced staffing shortages in critical areas. At times they don't even have enough drugs or supplies to meet everyone's needs. At times they have to make do with outmoded or broken pieces of medical equipment. At times they don't have access to medical consultation as quickly as patient conditions demand. At times they must work in crumbling, unsafe environments that would shock some of us here today. These dedicated and tireless professionals are the unsung heroes of health care in the territories and the freely associated states. They deserve our thanks. We, your Federal partners, are here today to listen, to learn, to explore strategies and approaches for helping you advance in your health care sectors. This responsibility became a very personal commitment for me during my visit to your islands.

One of my most profound memories was meeting a group of some hundred and twenty five nurses from the Pacific Region who had gathered in American Samoa for the annual conference of the American Pacific Nursing Leader's Council. At that conference, the nurses told me about the jobs and some of the challenges they face in carrying out their work. For example, nurses from Chuuk told me how disheartening it was to care for patients when there was no water for three days due to electricity shut downs. They had tears in their eyes. When I returned to Washington, I resolved to help. As an example, to deal with the water issues at the hospital in Chuuk, I directed the Office of Insular Affairs to work with the governments of the Federated States of Micronesia and Chuuk to see what we would do to solve the problem.

I'm pleased to report the Interior's Office of Insular Affairs team working with the Chuuk hospital staff, using tanks and pumps procured locally and installed by local maintenance staff, has improved the water supply to a number of departments at the hospital, including the emergency room and the operating room. Also, a rain catchment system was constructed and installation of new pumping equipment liners and covers to storage tank



Water filtration system in Chuuk. Photo by Julio Marar

infiltration and disinfection systems has been completed. As a result, the hospital in Chuuk now has treated water on demand twenty-four hours a day. However this was a temporary fix. Last November, Interior began to move forward with a permanent fix in partnership with the US Army Corps of Engineers. Two new generators have been acquired for the hospitals wells and are being installed as we speak right now.

I mentioned Chuuk when I was with Governor Camacho. In Guam, we attended the funeral services for a young sergeant who had been killed in the line of duty. He was from Chuuk. Throughout our islands, on a per capita basis we have more young people join the US military than in the States (U.S. 50 states). We have people who are true patriots; we need to be true partners with these patriots. When all is said and done, the hospital in Chuuk will finally have a self-contained purified water system including an adequate storage and distribution system. That because a few nurses (during their conference there in American Samoa) who simply made known the problems. On

another occasion, visiting a hospital in Ebeye, I was told the hospital personnel were having problems because of the lack of an emergency generator. At this hospital, Interior staff worked with the Marshall Islands Government to obtain funding to purchase a new emergency generator. These situations underscore the importance of our continuing to focus on both water and energy, both of which are absolutely necessary in the provision of quality health care.



Sec. Kemnthorne sneaking with a health worker

I remember looking in a basin, at some of the small drill bits that were used by the dentist, and I said, “Are they covered with blood or rust?” They said “Oh, this is rust but we’ll put them in the autoclave.” We shouldn’t have conditions like that. On a much larger scale, we’re making continuous investments to improve health care throughout the Insular Areas. In fact, since 2006 we’ve allocated \$154 million in grants

to support health care infrastructure. This funding has helped to build new facilities and underwrite the purchase of equipment in the funding of programs to provide better patient care. During this last year, Interior provided almost \$16 million to American Samoa to support operations of the LBJ Hospital and to fund health and water infrastructure grants. We anticipate the same level of support when Congress approves our 2009 budget. Also last year, we gave more than \$5.2 million to the Northern Mariana Islands to support their health care infrastructure as well as fund water and wastewater infrastructure. In the US Virgin Islands, Interior provided \$3.8 million to support water and wastewater infrastructure including a completely new water system for the town of Coral Bay on St. John. In Guam last year, Interior contributed \$8 million to support health infrastructure. We expect to do the same in 2009. Today I’m pleased to announce that Interior will be providing \$834,000 in additional funding to strengthen the Guam Memorial Hospital’s exterior walls and expand its medical supply warehouse. In addition we’ll be granting \$100,000 to the American Pacific Nursing Leader’s Council so that the group can establish an administrative office at the University of Guam. The council works in all the Pacific areas.

I’m also announcing today that the Federated States of Micronesia will receive \$21.5 million dollars in fiscal year 2009 Compact funding through Interior to operate the Departments of Health in its four states of Chuuk, Pohnpei, Kosrae, and Yap. This grant funding is the financial backbone of the country’s health services, paying the day-to-day costs of hospital operations, salaries of medical professionals, replacing medical equipment in operating clinics in the islands. We’re also providing Chuuk state with \$1.9 million to deal with a public health emergency that will take significantly greater resources over the next several years to resolve. The Republic of the Marshall Islands will receive \$7.4 million in Compact funding through Interior to support the day-to-day functioning of its Health Ministry in fiscal year 2009. An additional \$1.7 million in health funding will be directed to the medical needs of the Marshallese community on Ebeye Atoll. In 2009, Interior will provide \$13.3 million in Compact funding to Palau,

some of which goes to support their Health Ministry.

Of course, the Department of the Interior is not alone in the Federal government's support for insular health care. We greatly value the important roles of the Department of Health and Human Services, Veterans Affairs, and Defense who are partners in this mission. I'm happy for what we've accomplished, but I believe we need to do more. I believe the key to reviving long-term support for the thirteen island hospitals is to reach out to stateside hospitals to create a kind of hospital-to-hospital support system. I'm honored to announce that in a few minutes we will sign documents establish a Federal Insular Area health care task force. The task force will work within the existing structure of the Interagency Group on Insular Areas and will include the Departments of Interior, Health and Human Services, Veterans Affairs, and Defense. We will call it the Interagency Coordinated Approach for Insular Health Response, acronym ICAIHR ("I CARE"). In this regard, I'm pleased to announce the White House Office of USA Freedom Corps has established a new volunteer link on its website called the Insular Health Initiative. This new interactive site will be a one-stop site to connect health care volunteers with volunteer opportunities in the islands. I'm hoping we can build helpful relationships with this effort.

The quantity and the quality of hospitals and health centers in Insular Areas (territories and freely associated states) still vary and some are not yet up to an acceptable level. Additionally, I am discussing this idea with the American, the Catholic, and the District of Columbia Hospital Associations. I have already met with all and I'm hoping we can encourage stateside health care professionals to volunteer their time and skills in this area. As they saw in both St. Croix and St. Thomas, there are departments with state-of-the-art medical equipment, but unfortunately it is not universal. Some jurisdictions struggle daily to provide care in substandard facilities. Others are somewhere in between. In addition, Guam will need to expand its health care capacity fairly quickly to deal with a large buildup of military force that is expected as we transfer some 8000 Marines from Okinawa to Guam. For other jurisdictions, increased immigration is creating entirely different issues.



*Sec. Kempthorne visiting Roy Lester Schneider Hospital.
Photo by Tami Heilemann*

Included in your registration materials is a report produced by Interior's Office of Inspector General concerning health care in the Insular Areas. I hope you'll take some time to review this sobering report and the important issues that it raises.

In convening this leaders' summit, I intend to put all these challenges on the table so that together we can figure out ways to help ensure a brighter future for health care in the Insular Areas. This is the reason you're here today, the chief executives of the respective jurisdictions. This first-ever leader summit arrives from my firm belief that the people of

the US-affiliated Insular Areas should have better facilities, equipment, programs, and professional expertise. I'm confident that working together we can find ways to advance health care in the islands. This summit will not solve all of these problems but is the beginning of a process that can develop the right balance of resources and effective action plans to help these island communities that are so important to the United States. There will be no single right way to go about our work today and tomorrow. There will be no single correct conclusion. There will be no one-size-fits-all conclusion. The mission of this summit is to raise our awareness to renew lines of communication and commit ourselves to finding adaptive strategies and partnership solutions. I ask that we all have open minds and open hearts as we hear more about insular challenges, needs, and priorities. I hope in the end we can establish a framework built on partnership and cooperation to meet these challenges, needs, and priorities. Together, working as partners, I'm confident that we can save lives, we can heal wounds, we can cure diseases, and we can improve the lives of our people.

With that, I'd like to ask to now speak, the Secretary of Veterans Affairs, General Peake, Dr. Peake, a gentleman who continues in his distinguished service to the United States of America. He served at Tripler. When I called Secretary Peake to ask him of his thoughts on this idea of this summit and if he would co-sponsor and if he would participate, without hesitation he said yes. As Dr. Peake said a few moments ago, it feels like old home week for him. So ladies and gentlemen, here's someone who brings a great deal of expertise and passion and professionalism to the needs, Dr. Peake.

09.30.08 Closing Remarks: Let me thank the island leaders. Long distances. Let me thank these leaders (U.S. Cabinet members). Long distances. Yet they stayed through the whole thing. Let me thank all of you. You have added immeasurably to the well-being of the wonderful citizens throughout our Insular Areas. We have talked the whole spectrum from fiber-optic cables being laid on the ocean floor; hyperbolic chambers; incinerators to rubber gloves; every one of them is important. The heroes here are the healthcare providers, the nurses, the doctors, the technicians, the volunteers. We salute you and commend you.

I want to thank my team at Interior and I appreciate what you did. Would my folks from Interior please stand so I can thank you. And in that team, to Nik Pula, Doug Domenech, thank you for the leadership, the focus that we're bringing to this. We have passed out papers this morning; A Joint Statement of Resolve. We believe that it encapsulates and probably will be the preface to the report that ultimately comes out. Let me thank all of you for being here and for what you are doing. This was very beneficial. And there are children throughout the islands and children yet unborn that will benefit from the two days that we invested here, as well as people who currently need the benefits of health care. God bless you all. Travel safely. We are proud to be partners with you.



OIA Director Pula and Deputy Assistant Sec. Domenech. Photo by Randy Beffrey.

Remarks of the Honorable James B. Peake, M.D., Secretary of Veterans Affairs

09.29.08: Opening Remarks:



Well, Secretary Kempthorne, thank you very much for the invitation to be here. Thank you for this initiative; it's one that is extremely important. One of the things that we hear from our veterans throughout the Insular Areas is the need for a forum to be able to discuss the issues of health. The Insular Areas really are heterogeneous in many ways. A stretch from the Pacific to the Caribbean, you have the issues from Puerto Rico and San Juan to Palau. We have 90% of the population of veterans are in the area of San Juan, Puerto Rico if you will. And then looking at the Northern Marianas, where somewhere less than a thousand. Although part of the issues we don't totally know because the census doesn't necessarily reach out and give us the full picture. So we need to understand really the magnitude of the issues for us. We have different cultures

and different traditions, different languages, as we were instructed when we first started here. There are economic differences across the Insular Areas. There's different geographies and proximities and transportation and access issues that create different sorts of problem sets that need to be addressed. But in common, or first really I think, the unique relationship with United States of America, and even that has some different forms across the Insular Areas.

For us in the VA, we do have in common the men and women who serve this nation and, as you heard, with a higher propensity (per capita) for service to the United States of America in uniform. People like Vice President Chin of Palau whose twenty years as a combat aviator and now serving that nation in that capacity really for a full career; Lieutenant Governor Mike Cruz of Guam, an Army surgeon who has had duty in Iraq; just examples of the spectrum of folks who populate the Insular Areas that have served this nation that way. They (Insular Areas) share in a somewhat unique representation of the difficult challenges of rural health in general, complicated by the difficulties of island involvements. They have relatively small populations in terms of density and, therefore, lack the economic clout to bring all the services to bear that one would want. This is in the face of rising health expectations and the recognition of rising health care needs. There is also an awareness of the increasing capabilities that increasing health technology offers in terms of dealing with health issues across the board. And it's associated with those technologies and increasing direct cost of the technology, along with the increasing requirement for reliable infrastructure to support the technology, and the Secretary already alluded to some of those kinds of issues: the physical infrastructure, the power infrastructure, the water infrastructure. And then there's of course the human technological infrastructure to support the continued use of technology to address the issues, and all of which the Insular Areas share in these kinds of challenges.

Then, of course, there's the issue of the health human resource that plays in the global market. It deals with trying to understand and appropriately place the incentives to provide the support, the opportunity for people to get the education to be a part of the

system to change the environment of practice so that quality people and quality professionals will have the tools that they need and the environment to practice to the standards that we now believe are important in our delivery of health care. And to understand that that is not a short-term fix but also a long-term development plan that needs to be put in place. There is segmental coverage of health care if you will, and what that does is decrease the demography of the support to the health economy. Some have certain coverage, like veterans as an example, that we can provide different things to different folks at different times under different authorities. Some have private coverage. Some have state coverage with a variety of different types of support for their health care. All have in this, in the Insular Areas, transportation, the time distance conundrum, and the tyranny of what that offers. There is an environment of increasing, I think, appreciation for standards of health care and a challenge to overlay those standards of health care that are founded in science with the culture and the reality of that time distance equation that I talked about.

But it also offers tremendous potential opportunities to align authorities for sharing services. For example, for veterans, what we're trying to do and have done successfully with our great partners and DOD and the Navy, here at Tripler. We have CBOC, a Community Based Outpatient Clinic that we are improving in Guam, understanding the lessons of our past, making sure it's co-located as part of the strategic planning of the Navy as we anticipate this larger population growth from the military restructuring. We need to share in the strategic planning to be able to make sure that we are at the table with them just as we need to be at the table for strategic planning with all of the aspects of people that use health care. Shared staff, shared technology are great opportunities. Leveraging the technology of and the power of telemedicine, and we have people in the audience who are expert in that and I'm pleased to see you being here to participate. Having call centers that are actually really focused on service delivery in understanding what we need to do to make sure that the power of information comes together to those kinds of call centers. And again, attacking that time distance conundrum. LBJ Hospital in American Samoa is a great example of where we are working at an agreement to be able to access those facilities and provide better on-island access for our veterans, lining up the authorities and the capabilities.



AS VA Community Based Outpatient Clinic. Photo from VA website.

As complicated as all of these health issues really are, and they frankly get even more complicated in this increasingly connected world, I appreciate having this interagency approach and a forum to get the issues parsed and on the table. I look forward to these next two days with all of you as we chart away ahead. Thank you very much.

09.30.08 Closing Remarks:



*Guam VA Community Based Outpatient Clinic.
Photo from VA website.*

Let me just have all the VA people stand up. I guess the point I'm trying to make here is we're in this fight with you. We have a responsibility to those who have served this nation that are serving with a higher propensity (per capita) as we have heard over the last day and a half. The opportunity to synergize our efforts with those of you in the leadership positions is a great opportunity. We've heard a lot about the power of information. There's been a lot of information provided over the last day and a half that I think will inform us and guide us to help us move

forward with that synergy appropriately. As Governor Camacho talked about in understanding the local vision of the community of Micronesia, so we in the VA look forward to being a part of this. I thank you sir for the opportunity for being here.

**Remarks of the Honorable David S.C. Chu, PhD,
Under Secretary of Defense for Personnel and Readiness**

09.29.08 Opening Remarks: Secretary Kempthorne, thank you for your kind words and



thank you for your leadership both then and now. It is a privilege to be here with the leaders of the Insular Areas (U.S.-affiliated territories and freely associated states) to take a fresh look really at how we together deliver health care in this far, far region in these very different situations. I confess I bring a particular advantage point or bias you might call it, to questions like this. I was trained originally as an economist. And there's a story told by economists that underscores that vantage point or bias. In that story, an alumnus of a major graduate program comes back to see his professor some twenty years after graduating. It is exam time and since she is proctoring the exam, he takes a seat in the back, opens the booklet and looks at the questions. And to his amazement he discovers they're

the same questions on which he wrote answers twenty years early. And so at the end, he goes up to her, a bit agitated and says, "You know this really isn't a fair test of the student's knowledge if you're going to ask the same questions. After all, they can prepare too easily for this examination." She looks at him and smiles and says, "Remember, in economics, we don't change the questions, we just change the answers." And that indeed I think is our challenge in this summit. To ask ourselves, what answers do we want for the future in terms of delivering the quality of health care that our people deserve?" You might ask, "What is the Defense Department's role in this regard?"

Obviously we play a role in terms of the larger question of the status of the Freely Associated States and the United States in defense policy. And, of course, we have a major installation on Guam; maybe I should say installations plural, on Guam. And Kwajalein still plays a very significant role in terms of American missile test programs. But the most important element of our relationship is the one that Secretary Kempthorne has already touched on this morning, on which Secretary Peake also elaborated. And that is, we are responsible in an important way for health care for a key segment of the population in the Insular Areas. On Guam, about twenty percent of the population, as Governor Camacho knows, is accounted for by military personnel stationed there and their families. And in terms of service in the uniform ranks of the United States, if you took a snapshot of our active duty force today, you would find about three thousand of uniformed personnel on active duty in the United States, exclusive of the reserve components, list as their home of record one of the Insular Areas participating in this conference, excluding Puerto Rico. And if you look at our reserve components, you would find about four thousand of our reserve compliments, that's National Guard, Army Reserve, are from the jurisdictions attending this conference and they have about eight thousand dependents and they are eligible to sign up for health care that is supported by the Department of Defense, as I know you aware. And if you look at the retired population, quite apart from much larger set of veterans Secretary Peake described, you look at the retired population, about three thousand military retirees live in the Insular

Areas, exclusive of Puerto Rico again. And they have about five thousand dependents. And again, they are entitled by statute to health care supported by the Department of Defense. In short, their health care is also our concern.



USNS MERCY (T-AH 19) anchored off the coast of Chuuk, Federated States of Micronesia

Now Defense, as Secretary Kempthorne and Secretary Peake have already alluded, does play a role today. There's the wonderful program, telemedicine, operated by Tripler Army Medical Center. There's the tertiary care that it provides in the Region. There are the ship visits that the United States Navy makes with medical teams that provide

immediate assistance. The real question is "What's the future role that you ought to ask

the Department of Defense to play, what is appropriate for us to do?" I think what Secretary Kempthorne is challenging us to consider is what might be a conjoint effort in which Defense might play an important role. I do think our facility on Guam does represent a significant opportunity as we begin a conversation. We must soon replace the physical building in which our medical center is now housed. What should that look like and what should be its relationship to the Department of Veterans Affairs where Secretary Peake has already extended his hand in several locations to ensure that we work together as opposed to separately? And I do believe that's going to cause a revolution in terms of how we deal with medical care between the two departments over time. What should be the role of this new facility on Guam? We are committed. The Department of VA should be willing to work with others as well.

I look forward to hearing from you and learning from you, as Secretary Kempthorne suggested, in this summit the next two days, and to coming together, at least on the beginnings, of the new answers to these classic questions we can find. Thank you.

09.30.08 Closing Remarks: Mr. Secretary, thank you for your leadership in convening this conference. It underscores in the comments from our leaders, likewise underscore the principle we are all in this together. And we pledge that, in so far as I have responsibility with Department of Defense, I want make sure we do advance this developing agenda in these many months of this administration so there is a firm foundation for the future. I very much look forward to what the groups this afternoon are going to produce, and to what the ICAIHR team will produce in the next several months.

**Remarks of the Honorable Joxel Garcia, M.D., Assistant Secretary for Health,
Department of Health and Human Services**

09.29.08 Opening Remarks: Well good morning everybody. It's a real pleasure for me to be here representing the Department of Health and Human Services. But it's a bigger honor for me to be sitting at a table with three American leaders that have done so much for our nation. So really, when I received a call from the Secretary to actually replace him, I was very excited for many reasons. I, as a matter of fact, am supporting the Secretary in leading the effort in terms of global health diplomacy, and I am working out of the Middle East and Latin America. The Secretary himself right now is dealing with some global health issues as well, and so he sent not only his Assistant Secretary of Health to help here, but also the commitment that we're going to be supporting in every possible way. And this is a very important meeting for us.



The conference provides an excellent venue, fertile environment if you will, for information exchange and discussions among all the leaders here, and also how to inform the public and how to create policy in a much more efficient and effective way. This event is unique in the bringing together of Pacific leaders, Federal agencies, international NGOs, and other potential allies in an effort to find solutions to chronic health (problems) and to help the health systems here in the Insular Areas. That's entirely appropriate for the health care service. Resource needs of each jurisdiction represented here are great, and they demand all of the attention we can give them.

Rear Admiral Ron Banks who actually works for me is the World Health administrator at Region IX, and I know he has been working with many of you for a long period of time, supporting the systems here. And we will continue. I had a conversation with him in California prior to arriving here, and we will continue working directly with all of you.

The collaborative effort which has gone into putting this event together is commendable. As a result of the work, we have a wonderful agenda. There will be a number of opportunities to identify potential partnerships for exchange in this summit. The interactions we have here, the decisions we make here would only strengthen what I consider, and what all of you consider, the strong ties between the United States and the Insular Areas represented here in the forum today. Both the Pacific Summit on Diabetes by HHS held in September and this summit on Insular Area health care are illustrative of those ties and evidence of our greater health focus on island issues.

Now, one of the things that the Secretary asked me was to challenge the interaction between all of you and the Federal agencies. We identified three possible ways and I will want to share with you. I'm going to be very brief for two things: first, I can barely speak English, barely speak Spanish, and so and you're going to listen to me at lunch hour, related to Telehealth. So at that time, I will talk much more. And if you give a Puerto Rican a microphone, we can be here forever as General Peake knows. But the three

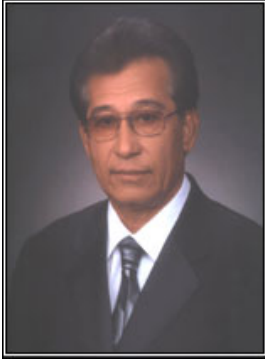
challenges that we have is that we want, (1) to create stronger ties with the United State agencies and reaching out to them for technical assistance, (2) to work with the US government guiding key policy decisions that may impact the Pacific, and (3) to look for a number of ways to partner with our different government agencies.

Later I will be talking about Telehealth, which is a broader aspect than just telemedicine. I'm looking forward to interacting with not only of all the Federal partners here, but the leadership from the Insular Areas as well, and looking forward to the conversations. God bless you. Thank you.

09.30.08 Closing Remarks for DHHS were delivered by Tom Lorentzen, Director for Region IX: I just want to thank you Mr. Secretary, and the other Secretaries and the leaders, and everybody in the audience. On behalf of Secretary Leavitt, we thank you for all you do. I think the one message that I will walk away with most is how unique the challenges and needs are in the Island communities, and how they require unique responses. And also how uniquely important the health and well being of the people on the islands are to our nation. To everybody else here, thank you.

**Remarks of His Excellency Manny Mori
President of the Federated States of Micronesia**

09.29.08 Opening Remarks:



Thank you very much, Secretary Kempthorne. With that introduction, maybe I should ask our friends who have not visited the Federated States of Micronesia to please visit our islands, it's a little bit different from the metropolitan cities that you have visited. But thank you very much. Secretary Peake and under Secretary Chu and Dr. Garcia, thank you very much for the opening remarks that you've given this summit; a direction in which we're going to move. I also like to recognize the presence of my friends here, the President of the Marshall Islands, President Tomeing, and Vice President Chin, the Lieutenant Governor of Hawaii, who spoke already, the Governor of American Samoa, Guam, the Northern Marianas and the Virgin Islands. I take this

opportunity to express my government's sincere appreciation to you, Mr. Secretary, and Secretary Leavitt who is not here, who was supposed to be here as scheduled, for convening this summit to address the very important subject matter. Health is a top priority issue for us in the Federated States of Micronesia. A continuing challenge throughout the nation, for the FSM, the summit could not have been more timely and I suspect we would hear more statistics that would come out on the migration of our people in all the areas like Hawai'i, Saipan, and Guam. And I thank the governors and the people of the islands as hosts to our people who are migrating to these wonderful islands. And just by convening this summit it is already a success because today we hear on one side the amount of money that has been given to us but, on the other side we will also hear the numbers of challenges that came out from our brother in Honolulu, Hawai'i. So it's very timely. I thank you, Mr. Secretary, and the conveners for their excellent arrangement and the hospitality extended to me and my delegation.

More than a hundred years ago, our islands were once free of diseases as we know them today. But the past is gone and the times are changing. Therefore we need to face the reality of the present. My presence at this summit underscores the importance that we in the FSM attach to health care. Our participation here acknowledges the following principles:

1. First, that it is a fundamental government responsibility and mandate to provide affordable quality health care and ensure the welfare of the general public.
2. Second, that collaboration and resource sharing is critically important in this day and age of globalization.
3. And third, to be successful, a health care system should include a sense of personal ownership and for each of us to be held conscious.

And I thank the Lieutenant Governor (of Hawaii) for already saying or expressing clearly what that is. Accordingly, we at FSM acknowledge that the health of a community or a nation is critically vital to its economic progress. Our socioeconomic government efforts are apt to falter when the health of our labor force is not adequately provided. Indeed,

when the general welfare of our families and communities are consigned to the back seat, governments cannot stand sustainably on their feet and be productive. Nor can the private sector prosper when the health of the people is not secure.

The high priority that the FSM government has given to health issue is reflected, in part, in the reorganization of my administration, the Executive Branch. By creating a separate department that deals specifically with health issues, our intention is to enable the department to concentrate and sustain its focus on matters relating to health and the social wellbeing of our population. The FSM is a federation and that is one of the reasons why things are a bit different and more difficult, because the states have distinct formulation of policies with respect to health care. It is comprised of hundreds of small islands with small populations scattered over a vast marine space. The geographical configuration of our country is in itself a formidable challenge. We need constructive help in overcoming this challenge of the delivery of essential services to our people residing in the remote and rural areas including many outer islands in the region. And Secretary Kempthorne has already articulated the many challenges that we have, especially in my state of Chuuk, thank you very much for that.

The Federated States is not spared from the diseases of lifestyle, or the choices of diseases. Diseases resulting from individual choices that could have been avoided through proper dieting, physical exercise, personal hygiene, as well as by outside intervention as a community support network. We are suffering from the illusion, for instance, that canned tuna is better than fresh tuna that is abundant in our waters. That turkey tail and imported chicken are superior to locally raised chicken. That Coca-Cola is higher class than coconut juice and even pure water. One of our real challenges is to create a more health conscious culture, a community of people committed to the belief that preventive care is the best health care. No one is saying that the task would be easy, especially when we know it would require major behavior modification and lifestyle adjustment. But we believe that the long-term benefits would far outweigh the short-term inconveniences.

We do welcome the findings of the recently released report by the Interior's Office of Inspector General. The report points out that the inadequacy of health care facilities is but one side of the many-sided problems of health care delivery in our islands. The short supply of health care professionals is another critical problem that is exasperated by the real difficulty of attracting and retaining health care professionals or specialists to the FSM. One immediate result of inadequate facilities and health care specialists is that we have been spending large sums for medical referrals, in excess of \$10 million annually. This does not include the cost of treating our other citizens who have been leaving the FSM in search for better medical



President Mori (FSM) and Kempthorne. Photo by Tami Heilemann

treatment in Guam, Hawaii, CNMI and the U.S. mainland. While we are grateful for the assistance extended to us over the years, it is our interest that we combine our efforts to combat these challenges and concentrate on the root causes, rather than applying Band-Aids to the symptoms. In this connection I am pleased to note that the FSM is working very closely with the Office of Insular Affairs to launch a massive infrastructure project of building and renovating the hospitals and dispensaries throughout the FSM. We must have fully functional facilities and an adequate supply of drugs so that the overwhelming majority of our patients can be treated in our country. But would it be more economical to build a national hospital or perhaps a regional medical center staffed with specified doctors to deal effectively with critically ill patients? This concept has been floated with our neighboring governments and we believe this is one way to minimize our escalated referral costs and the exodus of our citizens to off-shore destinations in search for better health care services.

1. First of all, building and renovating clinics is the correct direction to take, a direction to which my administration is committed. But what good would the health care facility serve if they are not operational, cost effective, and staffed with professionals? Furthermore, what good would the facility serve if the resident health workers are not given the right tools to work with and the necessary training opportunities available to them?
2. Secondly, while we concur that there are no simple solutions to the many health care problems, I am pleased to relay that the FSM has embarked on an initiative to bring broadband connectivity throughout the country. Telemedicine, or e-health, along with distance learning and e-commerce are some of the main uses that we envision for the submarine fiber-optic cable project. Agreement has already been reached to link up the state of Pohnpei to the U.S. fiber-optic cable that will run from Guam to Kwajalein in the Marshall Islands. It is the high priority of my government to expand the broadband connectivity to the other three states at the earliest time possible. It is our belief that acquiring broadband fiber-optic capacity will significantly improve the delivery of health care services to the many remote and rural areas of the FSM at greatly reduced costs. With fiber-optic connections, the FSM would be in a position to participate in specialty care consultations that would minimize our medical referrals. Not only would it put our nurses and general practice physicians in immediate contact with health care professionals in distant places, fiber-optic cable would also improve our report giving and medical records and, in doing so, minimize the potential dangers or errors of judgment. Accordingly, we applaud the government of American Samoa for its decision to go fiber-optic and would welcome any practices in telemedicine and e-health that, along with Guam and the CNMI, American Samoa can share with us. We applaud the Department of the Interior for the assistance that it has provided American Samoa for its fiber-optic project. The Department's engagement in American Samoa's fiber-optic project is very encouraging and, indeed, shows that the Department can be creative, innovative, and constructive.

3. Third, in addition to the ICT, in our public health sector we also believe that there is a need to integrate appropriate elements of traditional healing practices into our overall health care system. This requires that we protect our biological diversity and regenerative resources including traditional knowledge respective to health care. In doing so, it is our hope that health care can be further strengthened, and sustained to some extent, by our local resources given the priority that we attach to the principles of sustainability.
4. Fourth, my government is looking at the idea of privatizing some parts of our health care system as a way to enhance productivity and efficiency. We do not anticipate that privatization can be done overnight, but we feel that it might be worthwhile to further explore the concept along with the idea of outsourcing, particularly the concept of coordination or coordinating the procurement of our medical supplies and drugs in bulk.
5. Fifth, as previously mentioned, the cultivation of health conscious citizenry is another possible remedy for our many health care problems.
6. Sixth, and finally, we believe that we need to better manage our resources. We acknowledge our challenges, but at the same time we are committed to the high priority that we've placed on health care. Health care is one of the two high priorities in our relationship with the United States under the Compact of Free Association. This is backed up by financial arrangement and some of the funds that have been committed to health care have been mentioned by Secretary Kempthorne.

In short, there is an arrangement in place that could be used to address some of our problems. The problem is not so much limited funding, but it is the management of the resources. I wish to conclude by reiterating my sincere appreciation to our hosts, for convening this very important and timely leaders' health conference. I'm encouraged that with a strong sense of partnership we are able to sit together to discuss and seek solutions to the many health care issues confronting us. With that spirit of working together as partners, I'm confident that we would be able to successfully seize the opportunities and combat the challenges that will be discussed throughout the summit. I thank you very much for your attention.

09.30.08 Closing Remarks for President Mori were delivered by Lorin Roberts, FSM Secretary of Foreign Affairs: Thank you, Mr. Secretary, for allowing me to express our appreciations to you on behalf of President Mori.

We found the discussions very informative, educational and interesting. We thank you very much for your leadership, your vision, and for highlighting the challenges facing the Federated States of Micronesia. We join others in welcoming the interagency group. We think that it will not only provide guidance and support to our health issues, but also importantly highlights the friendship and the partnership that we enjoy between our two

countries, the United States and the FSM. Speaking of partnerships, we can't help but remember our young men and women in the US Armed Forces contributing to the peace and security of our world. We remember them, we support them, and we always remember them in our prayers.

My government takes great pride in the relationship with the United States. The United States has nourished us; it has sustained us; it has enriched us; and it has made us a strong, small island democracy in the Western Pacific. Thank you very much.

**Remarks of His Excellency President Litokwa Tomeing
President of the Republic of the Marshall Islands**

09.28.08 Opening Remarks: First of all, allow me to thank you, Secretary Kempthorne, for your kind invitation to attend this summit. I also would like to say how happy I am to meet your colleagues, Assistant Secretary Garcia, Secretary James Peake, and Defense Under Secretary David Chu. I extend my greetings as well to Lieutenant Governor James “Duke” Aiona. As always it is a pleasure to meet again with my colleagues from the Federated States of Micronesia, President Mori, and President Chin from the Republic of Palau. I extend my sincere greetings to the distinguished governors of Guam and American Samoa, and representatives from CNMI and the U.S. Virgin Islands, and representatives from the various agencies.



Mr. Secretary, summits of this kind serve a particular useful purpose. They force us to take stock of what we have been doing and to see whether we had been doing them right. They enable us to see which approach works. Which one works, is difficult, needs further assistance, or does not work at all. They serve as an opportunity for us to bounce off ideas and to learn from the experiences of each other. Indeed we may learn that certain Federal guidelines for the implementation of some programs may be too rigid and need to be modified to allow for flexibility on the ground. But unless we take time off and bring these things to the table, we will continue down the path under the mistaken belief that we have been doing everything right. This summit provides a unique opportunity for us to examine our problems and to seek practical solutions. It is for this reason, Mr. Secretary, that I wish to propose that suggestions for solutions put forward in this summit should be carefully noted so that prevailing problems or constraints can be addressed. I would even propose that a statement of an agreement course of action be signed by those leaders participating in this summit. Mr. Secretary, I am grateful that you have all also invited Minister of Health and the staff to participate in this summit. Indeed they are our front soldiers. When I remarked earlier that we should find out what works and what does not, they are the people who know.

I have no misgiving whatsoever that our health care system has made significant strides in addressing many of our health concerns. But whatever gain we make in one area, the challenges in other areas are simply daunting. The Marshall Islands are facing the double burden of rising rates of chronic disease. Diabetes, hypotension, cancer, obesity and malnutrition are widespread. Sexually transmitted diseases, tuberculosis, and Hepatitis B are prevailing. Add to this sense the total fertility rate of 5.7% and growth rate of 1.5%, and we can begin to get an idea of the looming size of the problems relative to our capacity to manage. Add further the threat arising from the continuing decline in Compact funding, and the emerging picture is not very encouraging. The terror of cancer, particularly cancer of the cervix, breasts, and lungs is ever present in the Marshall Islands and ranks among the top five causes of death. While some of the risk factors of cancer cannot be controlled, others can.

Our health system is currently facing some very grim problems in the area of medical profession human resources. Our whole country has only thirty-five doctors, a ratio of one to every 1500 people. Of the thirty-five, seven are Marshallese and twenty-eight are recruited expatriates. Of the seven, only one is below forty years of age and one dentist is below thirty years. Unless a commitment and well thought out manpower plan is put into action soon, we may face a situation in which no Marshallese doctors will be found in the medical workforce in ten years. A similarly acute manpower shortage can be found in other health related fields including nursing, dentistry, lab technicians, and data analysts. At present, a substantial percentage of human resources in these specialized areas consist of expatriates. While the quality of service provided by expatriates is most welcome, we are looking at it as a necessary and termed arrangement. We have already embarked on laying the priority groundwork to address these problems and hope to officially launch a more comprehensive plan by 2010. Beginning with the strengthening of the teaching of science, mathematics, and language at the high school level, we hope to lay a strong core foundation for students inclined to seek a career in medicine or other health-related field. Given adequate financial resources, we anticipate that at least four students per year will take up studies in the medical field and four students in other health fields. Thus, between the years 2017 and 2022, not less than fifteen to eighteen Marshallese will have completed their medical studies as doctors. Similarly, within the same timeframe, from 2013 through 2022, approximately 30 to 40 students will have graduated or will qualify in a variety of health fields. The telemedicine arrangement between the Tripler Army Medical Center and Majuro Hospital has proven to be immensely useful technology. If a similar or modified arrangement can be found to link Majuro to outer islands health center, a great deal of our problems resulting from vast distances would be solved.

Year after year there are the same challenges related to the need for adequate facilities, equipment, and their maintenance. The need for a 127-bed hospital on Majuro as well as upgrading health centers on other islands is critical. Sustaining necessary standards of maintenance for expensive equipment is equally imperative. Yet we do not have the funds to either carry out these initiatives or the trained and skilled manpower to conduct prevailing maintenance.

Mr. Secretary, the necessary purchase of drugs and medical supplies has proven to be excessively expensive. Perhaps it would be of collective interests to explore joint bargaining arrangement with neighboring countries to discuss the concept of bulk purchases of medicine. Whether this is medically sound, given our contacts, has yet to be studied. But I do hope that this is given some serious thought in the summit.

A unique challenge to the Marshall Islands concerns the effect of injuries and illness sustained by victims of the nuclear testing program. I wish to say that even as I speak here, there are people in my country who are dying or suffering as a result of the testing program. Many of them have not been compensated as the fund has been exhausted. Many have died without receiving adequate compensation. This is our reality on the ground. My sincere hope is that a fair and amicable solution can be found to address these ever present problems once and for all. Mr. Secretary, I take this opportunity to

express my appreciation to Senator Jeff Bingaman and his colleagues in the Senate for the consideration they have given to Senate Bill 1756. We are all for this initial recognition by the Senate Committee on Energy and Natural Resources. It is a step in the right direction and will constitute the basis for future constructive discussions. We ask the administration to give the Bill its due support.

The challenges facing the Marshall Islands are complex and overwhelming. Solutions for the remedies are likewise complex. Nevertheless, we are confident that with the right strategies sustained by adequate resources and backed by sincere commitment we can achieve, what we have set out to achieve for the betterment of our people. In closing, Mr. Secretary, thank you once again for this opportunity for the Marshall Islands to participate and voice its concerns. I look forward to endorsing a statement encompassing our collective decision from the summit. Komol tata. Thank you very much.

09.30.08 Closing Remarks: There were no closing remarks offered or submitted for the record on behalf of President Tomeing.

Remarks of the Honorable Elias Camsek Chin
Vice President of the Republic of Palau

09.29.08 Opening Remarks: Thank you, sir. By the way, the Compact Road, Mr. Secretary, is completed so next time you can ride your Harley all around the Republic of Palau.



Secretary Kempthorne, General Peake, Dr. Chu, Dr. Garcia, distinguished guests, ladies and gentlemen, good morning. On behalf of President Tommy Remengesau, I want to thank you, Secretary Kempthorne, for hosting this important summit. I also want to greet my fellow leaders from Micronesia, Hawaii, Guam, and senior officials from the Departments of Interior, Defense, Health and Human Services and Veterans Affairs. I look forward to our dialogue during this important meeting.

The health of Palauans and, for that matter, the health of all citizens of Freely Associated States is important to each nation represented here today. The health of society reflects the health of a nation. If citizens are ill, they cannot work. And if they cannot work, they cannot be productive. And if they cannot be productive, the society will falter and the economic problems will begin to emerge. It is more complicated than this, but the concept is very valid. And I believe this is the basis of this summit meeting.

Mr. Secretary, I have looked at the report from your Inspector General, and I think it might be too severe in some instances. And I want to add that I'm not sure that our health care is abysmal as your report indicates. The terminology and conclusions seem too hard. We and other Freely Associated States make the most out of what we have. We are doing the best job we can with the resources at our disposal. It is, Mr. Secretary, as simple as that.

To do a better job, we need more resources. Our health care system in Palau is good and thanks, in part, to support given by the United States. Still, as your report indicates, more needs to be done. Simply put, we do need doctors and more medical specialties. With more doctors, we need more nurses, but who are these professionals to be? If they are to be Palauans, which is my goal should I get elected as next president of the Republic of Palau, they need the proper education, training from elementary school through their college and professional training. To do that requires that our educational system be improved alongside our health care programs. The alternative is that we can continue to hire medical doctors and health care professionals from abroad. This is what we have done in the past and probably will continue to do in the future. Nonetheless, there are a number of talented Palauan doctors, one of whom is here today, Doctor Stevenson Kuartei who is sitting back there. So we can have Palauans treating Palauans. And I think that is the ultimate goal of our health care program.

It is also no secret that our health care system needs to have access to state of the art medical equipment, laboratories, and facilities if it is to provide better services. Certainly

we are moving in that direction with help from the United States and other countries. Let me give you a few examples. First, the European Union has funded construction of an emergency pier with helipad as well as an emergency treatment facility. This project is now underway. Once complete, it will allow water access to the hospital as well as provide more space for medical treatment and medical wards. Another example comes from Taiwan. Now this country is often at odds with China and has been a close friend of Palau for many years. Taiwan has funded educational scholarships for graduate students, one of whom is in medical school here in Hawaii. Other countries have given Palau similar types of support. However Secretary Kempthorne, we still need assistance from the United States if we are to bring our health care program to a higher level. As your report indicates, many Palauans are referred to hospitals in the Philippines or to Tripler Hospital here in Hawaii for specialized treatment. I would like to be able to treat many of those people in Palau. However, I realize that nearly every hospital in small U.S. communities of 20,000 people has to refer patients to larger facilities for specialized heart, cancer, or other specialized care. Your report seemed to miss this point and I want to bring it to your attention. Sometimes we do not have the tools or money necessary to adequately treat serious diseases. For instance, Palau recently had a Dengue fever outbreak. This disease is life threatening and is spread by mosquitoes. To combat it, many of our communities organized clean up efforts to eliminate mosquito breeding areas. I can report that this cleanup program was successful, but we also should have sprayed insecticide to destroy existing mosquitoes. We didn't have enough funds to be able to do this during the emergency. The cost to purchase insecticide is money that we simply do not have, Mr. Secretary. And if the United States or other support could have provided us with funds to purchase the necessary spray, or donated the spray itself, the Dengue fever outbreak could have been dealt with much more quickly. That outbreak is an example of how we can do better. But to do so, we need access to more funding, more specialized medicines, and treatments as well as other supplies such as insecticide spray to really be effective.

One of our concerns is the referral program to Tripler. When someone is accepted for a referral, the results are typically excellent. However getting accepted for treatment at Tripler can take a long time, and during this time the patient suffers. To be accepted to Tripler involves being considered by a panel of health professionals in Palau and then being accepted by Tripler. This is a slow process. Mr. Secretary, we need a speedier referral process so that people with illnesses that cannot be treated in Palau will know more quickly if they would be able to receive treatment here in Hawaii or if they have to find other sources. Often the referral program takes months, and I believe the process is just too long. Sick people need to know as soon as possible if they may be able to go to Tripler, and their treatment must be decided upon in a timely manner. I solicit your help in shortening this process.

Our hospital provides the best services it can, but sometimes we need more and just cannot help. For instance, the hospital has a decompression chamber that has not been certified for use in treating the decompression sequence. As you know, since you visited us last year Secretary Kempthorne, Palau is a diver's paradise. We get over 60,000 divers every year. I'm concerned about someone getting the bends and not being able to

be treated simply because the chamber is inoperative or not certified. If one of the results of the summit is a commitment to get the chamber certified or recertified, I would be very pleased. And if more can come out of this important summit, than not only would I be happy, but the people of Palau would benefit. It is this result that should really be the focus of the summit, to improve the support system that exists between departments and the countries represented here today. I know that those of us who are here today and tomorrow can reach this goal, and I urge you Mr. Secretary and everyone here to focus on these for the remainder of the summit. This meeting represents an opportunity for all of us to talk about issues and concerns about health care support for freely associated states. I'm looking forward to our discussion and making progress on various topics that are on the agenda.

The discussion of a wide variety of issues is something that affects each and every Palauan and each and every citizen of the freely associated states of Micronesia. I solicit your support, Mr. Secretary, in finding resolutions for every item on our agenda and addressing all concerns that may be expressed by freely associated states during the summit. Many of those issues have come from your (OIG) report. I ask you to listen to comments and concerns and consider them in making policy adjustments.

I know that we have a full program ahead of us. But before we begin, I would like to again express the deep gratitude of the people of Palau for the assistance the United States has given our nation, especially in the health care area. It goes without saying that the Republic of Palau has a strong bond with the United States, and it is this bond that would make efforts such as this summit successful.

09.30.08 Closing Remarks: Thank You, Mr. Secretary. I think, wow, this conference opened my eyes Mr. Secretary. There were a lot of things that I was not aware of and, because of this conference, it has opened my eyes. I've been to many but this is probably the greatest one I have attended.

Solutions, I think most of them have been addressed. But I think one of the things is you must have is a friend in Washington. I think, Mr. Secretary, that you are that person, and I want to thank you for that. Dr. Palafox explained some of the solutions. He mentioned defining standards of care as a minimum. I believe that's a must. We have to start from a point and know where we want to be. But we must cooperate. We can't just say "give me, give me, we need, we need" and hence on and so forth. We have got to cooperate with our limited resources.

Purchasing medicine is one of the problems we face and I think somebody mentioned bulk purchasing. I think if we cooperate and get all of our purchase requests together, I think we can find a place where we can get discounts for our medicines. But we need an organization which will put all of our requests together and then find a place where we can purchase this medicine.

And then, finally, with the shortages of personnel in terms of doctors and nurses, I know

there are retired personnel all around the world and that we could probably use those people to volunteer their time. I don't know the mechanism to do that, but I think if you do that, then you can utilize those people. In the meantime, we can do the training for the medical personnel for the near future. So, I just wanted to say that, Mr. Secretary.

I looked at the schedule for this afternoon and saw that there is an afternoon working session for Insular Area Health Officials. I don't know what's going to be discussed in there, but I believe it should be part of this conference report. So that is just my request, that they be included in the reports so that we all benefit from that. Thank you very much.

Remarks of the Honorable Togiola Tulafono, Governor of American Samoa

09.29.08 Opening Remarks: Thank you very much, High Chief Pulelei'ite. Pulelei'ite has conveniently left out the part where he asked me where all that smoke was coming from. I didn't want to tell them that there was a fire burning behind the house awaiting the decision of the Chiefs.



If I may continue along that vein because I think this is going to have some relevance to the discussion that I will present. The High Chief's title Pulelei'ite is a combination of three words: "Pule", means the ruler, "le", the, "i'ite", foreteller. I'm explaining that because I think the vision of Secretary Kempthorne to convene this summit is his ability to foretell and to look towards the future and determine how the Pacific is going to receive health care, take care of their people with adequate health care. And I want to thank Secretary Kempthorne for living up to his high chief title name of having the ability to see that vision and to bring us all here together. I want to bid welcome to Secretary Peake and the gentlemen at the head table and to all my colleagues here, Excellencies, ladies and gentlemen, all the distinguished people present here today, Congresswoman from the Virgin Islands.

About 48 years ago, a young American writer who was passing through American Samoa on a once a week flight of Pan-American, some of you young people who are less than 30 years old probably don't even know what Pan-American was, that was the only airline that used to fly to Hawaii and through the Pacific, was on his way to Australia and he took a trip around American Samoa because it was known as a United States territory. He went back and wrote an article published by Reader's Digest, and he entitled that: "Americans Samoa, the United States Shame in the Pacific". Because what he wrote about: the state of education, the state of health care, the state of government service, was so deplorable, that article got the attention of the President, and the President then appointed a new Governor and sent him to American Samoa to look around and bring back a report.

After that (report), a new hospital was built; new consolidated schools were built instead of the Samoa Fales where our children used to go to school; new roads were built; a brand-new hotel, Inter-continental hotel was built; a new airport was built. It was a renewal because of the article.

As I was reading the report by the OIG, I was at first upset at the title of that report, the crossroads of a total collapse, breakdown. But as Vice President Chin was talking about, I was a little upset because it highlighted all the bad things that were in the islands but it talked very little about the efforts and the successes. In the case of American Samoa, I would be talking about the fact that some of the wards, and we are continuing the effort to renew those and modernize them, are just as good as any in the states. And I think some of you who have been there can testify to that. None of that showed up. The fact that American Samoa is the only jurisdiction that had worked with the Veterans (Health) Administration to bring in the Vista Patient Information System that is now operable

between LBJ and our medical clinics under the Department of Health and tracking the treatment of patients throughout the hospital and outpatients. The fact American Samoa has had telemedicine capability since 1998. Although limited, we introduced it to try and help with the consultation and training for physicians, nurses and staff. The fact that we're just beginning to work out to receive benefits as an underserved area where certain physicians will qualify for forgiveness of their loans, and other good things that are happening just didn't quite make it. But then I thought, "Well, look at what Clarence Hall did. He inspired change." So, when you say that we are at the crossroads of a total breakdown, to me it means that we are there and the question is, what we do about it?

In the last IGIA meeting in March 2008 in Washington, DC, I raised the question and the issue because when we opened the Veterans Administration Outpatient Clinic in American Samoa we were very grateful. And we made sure that we let the VA know about that because our Congressmen fought for that for a long time, previous governors fought for that for a long time. Our veterans, our retired veterans who chose to come back to American Samoa, just were not getting service. And now I only have two minutes and I have one more of hour of notes. I proposed that the Veterans (Health) Administration and the military sit down with us and find a way where we can work collaboratively in operating our Medical Center (LBJ). We're very willing to build and maintain the facilities if they would just provide the professionals that we cannot seem to attract to American Samoa. We try very hard and even trained our own a young people as doctors. But as soon as they graduate, get their specialties, and get offered a salary of \$200,000 from some other medical center, goodbye. They're not coming back. That happens. I'm sure that's the case in other Pacific islands as well. We just simply cannot compete with the other medical centers and other hospitals. What do we do about it? We try to get on by training some of our people at the medical school in Fiji, and that's a very daunting task because to certify those medical officers to become physicians we require them to take the USMLE. And I'm sure if any of you have kept up with the news, I'm having a big fight with those guys because I'm trying to enforce the regulations and they don't want to take the test. But it leaves us in a vacuum because of that.

Our veterans are not being serviced adequately. They have an excellent outpatient clinic, but when they are sick or have a heart attack we get to treat them by our medical officers. Where is the Veterans (Health) Administration at that point in time? Nowhere. When reserve soldiers get injured in training exercises or gets sick, the family brings them to our medical center. We treat them. There is no service by the military. So this is the solution we offer, they provide the professional help because we cannot get them. So what do we do from this point forward? I found that there is a county hospital in Georgia that is staffed and operated by the Army and I brought that to the attention of these folks. Why can't we do that? Why can't they help us that way? Where they treat military personnel and at the same time treat the civilian population. Can we do that? I think it's a good solution.

We're going to have troops in American Samoa; some of them are now facing very difficult medical problems because they are now in their second round of deployment. And it's a problem for us. We're not getting the services our veterans and our people

deserve. And we also need to cooperate in these areas so that we can get service to our people as well.

We are working very hard to upgrade our facilities and improve our services. The issues are that we can't get the specialists, we can't get MDs. Training of physicians? I would recommend that perhaps Interior or Veterans Affairs, whoever would help us, forge a cooperative program with the University of Hawaii with special admissions to train Pacific students to become MDs.

I would recommend that as a result of the summit, we forge some sort of a statement where we can have enabling programs to enhance telemedicine connections. We are going to be having fiber-optic next year and we hope to improve on that. And I want to thank the Secretary of Interior for assistance in bringing fiber optic to American Samoa, later this year and operational by next year.

Some of the problems that are not related directly, and I think we also need to talk about more, are the other incidental costs. The cost of electricity in our Pacific Islands is just horrendous, and it's making it more expensive to deliver health care. It's also making the imports of drugs, medicines and medical supplies very, very expensive. When it used to cost us a dollar last year is now costing us five dollars because of electricity costs, shipping costs, and transportation. Transportation to bring a patient to Hawaii on our medical referral has quadrupled in the last 2 years. I think these are some of the issues that we also need to address, not just necessarily direct health care but some of these incidental things that we need to talk about if we're going to be successful in delivering adequate health care. Because if the cost of electricity continues to go the way it is, without alternative energy or things like that to bring those cost down, it's going to be very unaffordable. If you look at our GDP, we are among the lowest per capita in the region and it's getting to that point where people are resorting to traditional medicine and not going to the Medical Center anymore because it's expensive. But we can't help it. That's the way it is.

So for the present term, I would say all of us need:

1. Some injection of cash to help us deliver our immediate needs;
2. Assistance in our staffing; and
3. A framework for continuing collaboration that will transcend administrations, both nationally and locally, to make sure that we do not fall apart again.

Thanks again for your attention.

09.30.08 Closing Remarks: Thank you very much Mr. Secretary and Secretary Peake, Secretary Chu, and officials of the Department of Health and Human Services. Congratulations are indeed in order to you, Pulelei'ite, as I said earlier for the vision to bring us all together to the table. I think first and foremost that having the ability to do this is really something that requires recognition, and I think everybody here recognizes the wisdom that you've all expressed in doing this. And, as has been expressed, the fear

that we would always have is that we're starting something here, at the end of your administrations, and that it might not go anywhere. I've expressed that in my opening statement. But with your commitment that you've expressed through the joint statement between the departments and the joint statement of you, along with the leaders that I've cited, I believe your commitments are such that you will not just leave this at the table here today. That you will find a way to make sure that this goes on and it will endure. And that we'll come back together some other time to check on the status; where we are at and where did we go from here. I am very much encouraged by that.

As a parting comment, let me just say that we've heard so much during these last two days, and, unfortunately, we're not in any capacity to absorb them all and be able to and to know them all by details. I hope some effort will be made, as you expressed earlier, to document the presentations, and to have a summary of the transcripts of the presentations. Much of the information is very useful. Much of the information is very relevant. And all of it, in my opinion, needs to be delivered back to us. Some of us are running for reelection, so we may not be here next year. But I would like to pass them on; all of us pass them on because they're useful, there's no doubt about it. That whoever's going to be in governance next year, after all these elections, needs to understand these things and needs to know the efforts that had been made. I hope a good documentation of what has happened here will be preserved, so that we too can share with that information.

As a final comment, Mr. Secretary, I again reiterate what I had said earlier today, that I think some immediate effort for establishing networking should be made immediately. And I think as part of your efforts in bringing about the business links, I think this is very much part of our business in the Pacific. It's not so separated. Health care is very much an important business for all the Pacific leaders. And I think the business link website should have some portal available so that we can communicate, so our health officials can communicate. I think giving recognition to the VA program because, DELTA, which is our Distant Education Learning and Telehealth Applications network in American Samoa, is part of that. I think it's something also that should be promoted in all the jurisdictions that we can communicate for health reasons. I will say that we've benefited a lot from these two days of presentations. It has opened our eyes to very minor issues that we need to address to very complex issues. It has opened our eyes to minor concerns to very complex concerns and is kind of a reflection of where we came from, where we are at today, and what we need to do to go forward is going to be a very important part of this conference. Once again, congratulations.

Remarks of the Honorable Felix Camacho, Governor of Guam

09.29.08 Opening Remarks: (Initial greetings not captured by the audio)...The



beautiful island of Oahu, in the city of Honolulu. Of course, this is a very important opportunity for us to address, one of our communities and one of every community's greatest concerns.

Health care is one of every government's top priorities, along with education and public safety. The health and well-being of our people remains at the forefront of our responsibilities, not just as elected officials or community leaders, but as citizens working together to build a solid and sound foundation for the future.

Secretary Kempthorne, I want to thank you for your continued leadership and your stewardship for the insular territories. You have been a true advocate for Guam and all the insular territories,

and we're truly grateful for the partnership and the friendship that we've established since I've stepped into office six years ago. I also want to thank Secretary James Peake for being here, Undersecretary Chu and Assistant Secretary Garcia. We are all fortunate to work with you in this important summit and I also send the greetings of our Lieutenant Governor Mike Cruz. He was slated to be here as he is a doctor and a surgeon, but a couple days ago, good news his wife is in labor. I believe has she delivered? And anyway, she has been in labor for a couple of days now and it's an important event for him. I'm very, very grateful to be here and we wish him and Jennifer all the best.

Now when it comes to health care, we are all part of a much larger picture and I know that by working together as we've all stated, we can address these issues for the benefit of generations to come. The work we're doing now and the vision that you've laid out Mr. Secretary, is going to be monumentally significant if we can continue the work ahead. Clearly, we all share a desire to bring our health care systems to a standard that mirrors other United States jurisdictions. But in acknowledging that desire, we also realize that there must be a commitment by the Federal government to help our Pacific island territories deal with the deficiencies that affect our ability to provide quality health care to our people. I think you've heard this throughout this morning by all the leaders, a consistent theme of need and lack of resources and challenges that we must overcome. So every health care need that is highlighted here today reflects what we require as a Region to care for the hundreds of thousands of Americans who call the Insular Areas home.

Our organizations are faced with the many challenges that our health care professionals encounter each and every day. From a lack of equipment and medical supplies to the lack of doctors and nurses, our community has time and again come together to make our system work. And as mentioned earlier, we do what we can with the resources we have. As they tirelessly work to mitigate these challenges, our health care professional leaders continue to rise above them and go beyond with what little resources they do have. Our Department of Health and Human Services provides medical and social services to our community using two community health centers, an essential public health facility. They are responsible for providing medical care with preventive services such as

immunizations, screening for diseases, health care education, as well as traditional public health functions such as disease surveillance, tracking of community health status, and safeguarding the vital statistics registry. I know our Director Pete Roberto...Pete, will you just stand and be acknowledged? For Public Health, he's here with us. But our most



Guam Memorial Hospital (GMH). Photo from GMH website.

critical component is the Guam Memorial Hospital. It is Guam's only civilian hospital and the system is tasked with managing and meeting the needs of our entire community. Joe Mesa, our Assistant Administrator and Associate Administrator, Joe, stand up please? Thank you. Now our hospital's primary service market is the civilian population on Guam but they also extend to secondary markets that serve the residents of our neighboring Pacific Islands in Micronesia. It is without a doubt that as our population increases, the demand for hospital services will be affected. And as many of you know as mentioned by the Secretary, in the coming years Guam will be brought to the forefront as the military strategy for Americans in the Pacific. The increase of military presence on our island is expected to swell our population by the year 2010; we look for a twenty-five percent increase. With that in mind, it is vitally important that our hospitals prepare to accommodate changes and anticipated increases in the demand for health care.

In our plans to meet that demand, we must focus on Guam's civilian population and the needs of our regional neighbors as well. I always say we're all in this together. In Micronesia, we are one family. And with this increase in population, there will be unparalleled opportunities for progress that will include billions of dollars in new investments, in opportunity for profound economic growth. But in the face of such promise, there are challenges as well. Our health care will be faced with the challenge of meeting the needs of an additional 40,000 residents who will be added to the community of 170,000. Imagine the state of Hawaii. Altogether, you've got about a million people here. Can you imagine within a mere four or six years you have 250,000 people coming to your island? That is the impact happening on Guam on scale. And so, to give you an idea of how this population increase will affect our health care system on Guam and our limited capacity, our hospital currently provides about .92 beds per 1000 or less than a bed per thousand populations. By comparison, Hawaii hospitals provide more than doubled the bed availability at two and a half, or 2.6 beds per 1000 population. The beds per 1000 population are 2.1 for Alaska, or rather for Pacific Census division hospitals, 2.3 in Alaska, 2.1 in California. So these brief statistics reveal that the acute care component of our health care system has major obstacles that will only increase as we move forward. Guam's hospital per capita expenditures are a third less than the District 9 Pacific states. This translates into the absence of critical services. We do not have radiation oncology and cardiac surgery despite our mortality and morbidity rates significantly exceeding national averages. And despite Guam's higher than national average rate of diabetes and end-stage renal disease, there is no kidney donor program or transplant service, a mandated component of the Medicare system.

The lack of social services drives patient and insurance payments out of our local markets and out of the reach of our people, so this robs our hospital of the capital needed to develop services. Thirty percent of Guam's health insurance premiums go off island and that's over \$30 million annually. Primarily they go to the Philippines. And not only do we face the challenge of providing necessary services to our people, but we also are challenged with attracting those who can provide it. The shortage of medical professionals from both doctors and nurses is at an all-time high throughout the nation. As our country tries to adequately staff hospitals and clinics with certified doctors and nurses, we must find ways to gain the attention of those same professionals and attract them to our islands, something we all face in Micronesia. It is nearly impossible. As Governor Togiola adequately pointed out, it is nearly impossible to compete with higher compensation and benefits packages offered by most health care employers found elsewhere in the United States. The best and brightest of our kids leave and never come back. As Secretary Kempthorne, you had stated earlier, you said what we must do is try and align with stateside hospitals. Well I see another solution: align with stateside universities for Pacific Island students that have the passion and the desire to be the next doctor or health care professional and find ways to bring them back. If there's some kind, some kind of hook, a financial commitment that if their education is provided for, they must come back and serve. We can't blame them for seeking a better life and those that do come back are highly commended and therefore the leaders of our islands are forced to think outside the box. We must figure out a way to bring in highly qualified health care specialists to our islands. You know historically, Governor Togiola mentioned that during the days of the Trust Territory Administration, students were hand-picked or chosen and sent to the South Pacific University in Fiji. Many of health care professionals were trained in these universities. The challenges we face now are that it's not acceptable as they don't meet AMA standards. But we have to find a venue or a way to get universities in the United States or those in Asia that train, or India or elsewhere, to US standards to train these Pacific island health care professionals and get them back to the islands. If ways can be found like that through collaboration and cooperation and with licensure as issues, we may find ways of dealing with that currently.

Many of our people travel to places like the Philippines for medical care. Many buy their prescription drugs across the border. So here is something for comparison. The medical professionals on island say doctors from the Philippines or other foreign countries cannot practice because they don't meet AMA standards. And yet, what happens for patients that can't afford or find a treatment on the islands? They're sent to these foreign countries to be treated by foreign doctors under their standards and receive their care and their medication. They come back to our islands and then seek for follow-up care. So what a contradiction we can be. We can't have them (non AMA-certified) on our islands to treat our people, so we send our people to their countries to be treated. Go figure. Are we missing the point? I say we are.

So to be quite frank, some of us just need what would be considered extremely basic to providing health care to our respective communities. I just want to share with you a story that Lieutenant Governor Mike Cruz had told me. Many of you may know that he is a

surgeon by profession, so he's very familiar and passionate about our health care system. And I share this story with you because I believe it best illustrates the disparity some of us face in providing basic health care services to our people and the gap that exists in bridging medical technology without the mere basics. As a doctor, he was called by a physician from another neighboring island who wanted to refer a patient to him. Many of you have had some experience with telemedicine, which I believe is a great development in medicine. Through telemedicine, this doctor wanted to refer a patient to Dr. Cruz. Dr. Cruz agreed and requested the x-rays be sent to him. The doctor offered to e-mail the x-rays to him instead, which would get it there faster. As the x-rays popped up on Dr. Cruz's computer, he was amazed that this doctor in the neighboring island at this hospital had the ability to e-mail x-rays, and with no trouble at all he was able to confirm the diagnosis and formulate a treatment. He told the doctor, "Looks like pneumonia" and he proceeded via telephone to convey what medication he believed should take care of the problem. The doctor responded by saying "Well Dr. Cruz, that's why we wanted to send the patient to you. We don't have that medication that you are prescribing and we were hoping that you could provide it to our patient." So this account illustrates a significant gap in services through no fault of telemedicine. We believe in it, we support it, we want to continue using it but we must ask ourselves again, "Are we missing the point?" The ability to use the latest technologies or the most exceptional equipment means very little if we cannot even provide a basic antibiotic to a patient. These are the challenges we face in the islands.

Our public hospital's policy of not turning away anyone in need of medical attention presents another significant challenge. Our community health centers are nearly always reimbursed, (typical politician, right?) the entire amount they bill with some paid by Medicare. However, sometimes the full portion is not received. In the spirit of solidarity, we would like to support the hospital's request for a hundred percent of Medicare reimbursement rather than the approximately 80% they reportedly received. In fiscal year '03, Guam spent over fifteen million for Medicaid services to its population. Only eight of that was Federally funded. And of that about 1.8 was for the Child Health Insurance Program. As a proportion of our population who rely on Medicaid increases, the cost of local government will increase as well. And with an economy that is just beginning to stabilize, we cannot afford to keep overmatching Medicaid. We had an uninsured rate of 21% of the population in '03. In '02, the last year that US stats were available, the uninsured rate of adults nationally was 14.1% compared to 21.8% for Guam. Lieutenant Governor Aiona talked about the FAS citizens who have an even lower rate of insurance coverage. In '03, 29.4% of the citizens in the survey had no form of health insurance and 28% were MIP, or Medically Indigent Patients. So with this in mind, we must consider the resources available for delivery of services when outlining plans for the future.

Our geographic isolation and shortage of human and natural resources contribute to a higher cost of doing business on Guam. We believe that this cost could be addressed when Federal grants are allocated to the islands by raising the floor amounts of grants that use them and instituting minimum floor amounts for those that do not, and then applying population-based formulas for the distribution of the remainder of grant funds.

A second set of disparities is the high prevalence of both communicable and chronic diseases, very much what Governor Aiona talked about. And though our population is younger than that of the mainland US, when we age adjust our cancer incidence rates, we find that our liver cancer rates for both men and women are double to triple those of the United States. Our oral and stomach cancer incidence rates for women are higher than in the US as well. Our diabetes prevalence rate for the entire adult population of Guam is ranged anywhere from 25 to 46% higher than those for adults in the US. In '03 our adult diabetes prevalence rate was 10.1%, the highest recorded on Guam in this particular survey. So the rate of our indigenous population of Chamorro is even higher, from 9.7% of adult Chamorros in 2002 to 13.4. It is chronic, not only in Guam, but throughout the islands. Additional resources are needed to effectively provide services for the illnesses and for programs to help educate and motivate the public to implement life-style changes that may reduce the occurrences.

I believe that we must also revisit our border policies. Our proximity to Asia, the source of many communicable disease outbreaks that could threaten the US and our status as a doorway to America, increases our vulnerability to outbreaks. And this vulnerability is not clearly recognized by our Federal grantor agencies. In recent years, funding has been made available for initiatives to increase surveillance in border states for agents of bioterrorism and emerging infectious diseases. And the border states were those along the Mexican and Canadian borders. The Asian border states and territories were overlooked even though diseases of concern such as SARS, Type Influenza A Fujian Flu and the Avian Influenza originated in Asia. So we believe that a second border initiative to improve and increase surveillance should be funded for our region.

In closing, I just would like to say that more than ever we must work hand-in-hand, as has been said time and time again, with each other to focus on providing the best health care for our people. Secretary Kempthorne, I thank you for your vision and as mentioned, as a great chief, not only do we need vision but we also need to implement this. This is significant and for all of you that are here, I think you can all relate to what we do here and now will affect generations to come. So not only do we need this vision now, but we must work hard to implement it through collaboration and through cooperation, working as brothers. We always say the oceans don't divide us but they unite us. We can find ways to make it. But as the great steward that the United States is, we do need your help. Thank you and si yu'os ma'ase.

09.30.08 Closing Remarks: Yes, thank you Mr. Secretary. I'd also like to express my thanks to David Chu and, of course, Secretary Peake, Tom Lorentzen who is here and of course to Joxel Garcia. To all the panelists that have been here, a tremendous resource. My observation is that although there are many problems and challenges and difficulties we all face, the one great thing that will have going for us is if you look around the room here you see many people have that passion and really care for what they're doing and are the difference makers. And so with the establishment of your Interagency Coordinated Assets for Insular Health Response, ICAIHR, for the compilation of data that you're going to have and the game plan that eventually will result from that, from the transition

that will come for the next administration, it really is going to be important for all of you that are here to work with the eventual leaders that do come out with the new administration to not let this fall but rather to “give it legs”. It’s with your passion that we can achieve great things. There's a saying that goes: “in the multitude of counselors there is safety,” and, Secretary, with your wisdom what you've done is exactly executed that here. These are the counselors, these are the people that understand it and live it day in and day out and very eloquently laid out with great articulation the challenges we face.

I leave you inspired. I will meet in October at the chief summit in Pohnpei with the other Island leaders from Micronesia and they've agree that we are to work on a resolution and see if there's a way that we can come together and, perhaps through resolution, come up with some the concept of Micronesia as a Health District and taking it from there. I think we would be stronger united. We could perhaps get better recognition from the Federal government and, through common ground, begin to pursue things that are realistic and doable. I thank you for your leadership. I thank you for your, as Government Togiola had mentioned, your vision and, most importantly, for your stewardship.

It’s been a pleasure working with you all these years. God Bless You.

Remarks on behalf of the Honorable Benigno Fitial
Governor of the Commonwealth of the Northern Mariana Islands
Delivered by Joseph Villagomez, Secretary of Health for the CNMI

09.29.08 Opening Remarks: Thank you, Secretary Kempthorne. Secretary Peake, Secretary Chu, Secretary Garcia, distinguished Excellencies, Governors, and health ministers, Congresswoman Christensen, Admiral French; greetings from the Commonwealth of the Northern Mariana Islands and greetings from our Governor, Benigno R. Fitial. He asked me to extend his apologies for not being here this morning. Equally pressing issues at home required that he remained on Saipan.



Secretary Kempthorne, the Governor did want me to relay his appreciation for the vision in convening such an important meeting today and tomorrow. The island nations are indeed at a crossroad and not limited to health issues. The current economic conditions that our island folks are facing are forcing them to make tough decisions. Buying food, paying for power, paying for gas all puts health care further down the line. Unfortunately, when you don't have proper coverage, as we all know, not only do you not avail yourself of preventive care services, but you also do not avail yourself of maintenance services. So folks that have issues such as uncontrolled high blood pressure or uncontrolled cholesterol naturally end up in the emergency room at a far greater cost than ensuring that they had proper coverage. So that is one of the main challenges that the island nations are faced with, beyond just the health care.

The health care delivery system, though, has come a long way in the past twenty years as we have witnessed. There are remarkable improvements in health care indicators across the Pacific. Infant mortality rates, maternal mortality rates, availability of antibiotics and other medication, rates of immunization for childhood diseases, and the overall access to quality health care have improved sharply in the past twenty years. We are proud of these achievements and are thankful to our Federal partners who have assisted us towards improving the quality of life for all of us in the region. Unfortunately, like all my colleagues in the Pacific Island Health Officers Association, or PIHOA, would attest, we still have a long way to go. Nobody wants more from our health care system than the health ministers gathered here in this room. All of us are actually aware of our limitations in serving the health care needs of our jurisdictions. All of us are acutely aware of our budget limitations. All of us are acutely aware of the logistical challenges of delivering Western health care to our small islands. We don't need a new Federal report to tell us that. We live it everyday.

But just as our health care system sometimes falls short in meeting the needs of our peoples, I feel that the report released (OIG) also falls short of its intended mark. Most of the facts contained in this report are probably accurate, although there are some few notable errors. But none of us had an opportunity to constructively review these documents. In fact, I cannot find any evidence of peer review in the pages. We hope that

in the future we would never have to send patients off island because we want to push our systems forward towards availability of specialty care and affordable medical intervention. Certainly any small community in the US, even here in Hawaii, has sent patients to a tertiary care center for advanced care. This fact is not worthy of a Federal report. We hope that in the future we would never have to recruit health care providers from off island because we are fully staffed with our own indigenous clinicians, but most of the physicians for any small community in the US are from bigger cities and very few are raised in the local community. This fact is also not worthy of the report. We hope that any Federal effort, however well-intentioned, would focus on providing expert recommendations for improvements to provide a roadmap for making things better for Pacific Islanders. After thirty pages of exposé and photos, the five sentences of recommendations seem to lack the depth and the thoughtfulness that we have come to expect from our Federal partners. But mostly we all hope that the intention of this report is to assist us on the road to improving the health care infrastructure in the Pacific. Right now our initial impression has left us a little bit confused about the intention of the report. However, my colleagues and I feel that we need to take it and run with it and work closely with the Feds so that we do improve the delivery of health care in the Pacific nation. That is not just because it is our job but because of what it's doing to our people.

So let's move forward in a more positive light towards the shared goal of improving health care in the Pacific Islands and in the US Virgin Islands, and resolving together the difficult barriers that stand between us and improving conditions for a jurisdiction. We are grateful for this opportunity to speak frankly so that we may be on the same page in addressing all of these issues. We have important work in front of us. In the end, this is a fantastic opportunity to take health care to the next level in our islands. We will need our federal partners to understand the challenges we face, and work with us to find creative solutions to reduce the health care disparities that we are faced with every day.

Secretary Kempthorne, we applaud you and thank you for holding the summit. We look forward to continued support from the Department of the Interior and the rest of the agencies that are represented here. We stand ready to roll up our sleeves and join you as we make health care not only better for the communities that we serve with, but also make health care delivery sustainable so that we don't have to keep addressing this. Un dangkulu, si yu'us ma'ase...from the people of the Commonwealth.

09.30.08 Closing: No closing remarks were made or submitted for the record on behalf of Governor Fitial.

Remarks on behalf of the Honorable John de Jongh
Governor of the U.S. Virgin Islands
Delivered by Vivian Ebbesen-Fludd, Commissioner of Health

09.29.08 Opening Remarks:



Good afternoon. I bring you greetings on behalf of Governor John P. de Jongh, Governor of the United States Virgin Islands and a good afternoon to the Excellencies, Presidents and the health secretaries present. Governor de Jongh, I and the people of the Virgin Islands express our appreciation to Secretary Kempthorne, Secretary Peake, Undersecretary Chu, and Assistant Secretary Garcia for your vision on convening this leaders' summit on the future of health care in the Insular Areas. To Delegate Christensen, for your importance on the summit of being here and the invitation extended as well. Governor de Jongh sends his regrets for not being able to attend in person, however he demonstrates the importance to the territory by the delegation that he has present here today in his Health Policy Adviser, the Chairman of the Territorial Hospitals and Health Facilities Corporation, and myself, Vivian Ebbesen-Fludd, the Commissioner of Health, to attend this important summit and share our perspectives. In addition, Governor de Jongh expresses his appreciation to you, Secretary Kempthorne, for your recent visit to the Virgin Islands and the time you took to tour our islands and facilities and to hear our needs firsthand. We look forward to the many next steps.

As we join you here these two days in looking at the issues of health care in the Insular Areas, we remain mindful that we are truly at a crossroads in health care services. Our resources are limited and the needs in our communities are increasing. The need to move health care to the top of the territory's agenda is of utmost importance. Our surrounding environment is ever changing and, most importantly, our citizens have entrusted us, their governmental and health care leaders to establish, maintain and enhance a system to meet their standards. Urgent and emergent needs remain a large responsibility. We see the summit as a crossroad for the Virgin Islands, as an opportunity to compare issues, concerns and needs, share our accomplishments and challenges, brainstorm creative ways to meet our needs, commence conversations on ways to maximize resources, and, most importantly, have the unique issues of our Insular Areas brought to the forefront in such a forum, in conversations with you, Secretary Kempthorne and your co-conveners.

Although we may be hundreds or thousands of miles apart, we are very similar based upon our island designations, our geographical layout challenges, and cultural considerations.

With the stage being set, let me provide you a snapshot view of the US Virgin Islands health care infrastructure, our challenges, our areas of improvement and our next steps. Our four islands are approximately 110,000 persons and an increasing number of undocumented illegal immigrants. A population being served by the



Roy Lester Schneider (RLS) Hospital on St. Thomas. Photo from RLS website.

Virgin Islands Department of Health which serves as a regulatory and monitoring agency and a provider of public health services. Our two local hospitals: one of which Secretary Kempthorne toured on the island of St. Croix, where we will be unfolding a new cardiac center, a center of excellence; and on the island of St. Thomas where we have the Charlotte Kimelman Cancer Center, which provides cancer care in our territory. We have two community health centers, one on each island, the island of St. Croix and the island of St. Thomas. On the island of St. John, we have a community health center and an urgent care center which is affiliated with our St. Thomas-based hospital. We have two Veterans Affairs community-based clinics. We have nursing care facilities, a mental health facility on the island which is currently under expansion. Although we have made strides to enhance our infrastructure through our cardiac center and our cancer center and our new mental health facility, our needs remain and our challenges still exist.

We have limited financial and human resources to meet our expanding needs. The recruitment and retention of staff, our generalists, specialists and nurses, pose a severe challenge to our acute and preventive care agencies. Data collection remains somewhat of a manual system, leading to some inaccuracies. Our Medicaid cap poses a significant limitation. Our uncompensated care issues are impacted by our Medicare and our reimbursement rates. Our increasing number of uninsured patients due to economical situations and their inability to qualify for our Medicaid system, of where our percentage of 24% is compared to the national average of 15.3%. Our technological enhancements, our needed infrastructure improvements and our increasing rates of diabetes, hypertension, cancer, and end-stage renal disease all remain issues. For our veterans, we're in need of a woman's health care services for veterans in the USVI, inclusive of follow-up, emergency, and GYN care. The means testing currently on the books poses a challenge to our health care services. Moving our community from, more so and I know it's an issue of all that have spoken before me, from a wellness to a wellness and prevention forum is of significant importance, as well as getting providers who are willing to join our health care system. All of the challenges compete for limited territorial financial resources while the needs of our community increases.

This is where our Federal partners play a significant role. To address our challenges, Governor de Jongh has implemented activities to look at our health care system as a whole from the bottom up and not as a separate section because our clients do not come to us in sections. We have commenced looking at ways to maximize our resources, analyze our true costs, improve data collection to truly determine and demonstrate our need. We must state that although a resident may have all the resources to leave the island, if their condition is not stable enough, the infrastructure must be able to support the need. We have implemented several executive interagency level task forces to bring and consolidate our information to be able to communicate our needs to our Federal partners. However, we know that our human resources, our technological, inclusive of e-health and telemedicine, and our infrastructure enhancement consider consolidating our services are of paramount to the success of our health care system, internally and externally.

As your report indicates, more resources are needed and, with that, we agree and we have to look forward to partnering with our Federal partners to move this initiative forward. We look forward to partnerships, the use of land resources that will be formed by this summit; we remain willing to share our experiences, successes, and challenges. We remain committed to improving health care access in an ever changing health care environment and committed to safeguarding and preserving the public health in our territories. We thank you, Secretary Kempthorne, for your vision and your passion for the needs of our areas and thank you for making a significant part of the whole. Thank you.

09.30.08 Closing Remarks: No closing remarks were made or submitted for the record on behalf of Governor de Jongh.

**Remarks of the Honorable Donna M. Christensen, M.D.,
U.S. Virgin Islands Delegate to Congress & Chair of the
House Natural Resources Subcommittee on Insular Affairs**

09.29.08 Opening Remarks: Thank you, Mr. Secretary. Secretaries Kempthorne, Peake,



Undersecretary Chu, Assistant Secretary Garcia, Deputy Assistant Secretary Pula, your Excellencies President Mori and Tomeing, Vice President Chu, Honorable Governors Tulafono, Camacho, and Secretary Villagomez, Secretaries of health and other officials of Insular Areas and Federal government staff, expert panelists and resource persons, friends, good afternoon. Aloha. I want to especially recognize my own Virgin Islands delegation if I may take a point of personal privilege. Of course, you've just heard from our Commissioner, Vivian Fludd, but we also have with us the Chairman of our Hospital Facilities Board, Carmelo Rivera, if you

would stand, Special Assistant to the Governor of the Virgin Islands, Luis Sylvester, and our AARP Virgin Islands State Director, Denise Singleton, as well as Brian Modeste, legal counsel for the Subcommittee on Insular Affairs at the House of Representatives.

In addition to that special welcome to my own, let me add that it's an honor and a privilege to join all of you here for these days of discussions and planning on an issue that can no longer be left to inadequate or haphazard remedies, the health of Insular Areas Americans. And not only based on the Inspector General's report, but because all of us from these areas live with the good and bad of our health care system. We know that we have many challenges, challenges that we must meet and are committed to meeting to ensure that the very special people of the very special societies that exist in each of these very unique places endure and prosper.

I want to add my own greetings to those of the Tri-Caucus, those of the Black, Hispanic, and Asian Pacific Islander caucuses as well as the Native American caucus of the House of Representatives. And to bring special greetings from my colleagues, Congressman Eni Faleomavaega, who was intending to be here but could not at the last moment; and special greetings from my sister delegate Madeleine Bordallo who, because of the defense interest in Guam and a previous commitment to travel with Chairman of the House Armed Forces Committee Chairman Skelton could not be here with us today. But we're pleased that she sent her Chief of Staff John Whitt, who is sitting here in the front.

Both Madeleine and I chair health for our respective caucuses, and so this conference is very important to us and we thank you, Secretary Kempthorne, for convening it and all that you are doing to improve health and other conditions in the Insular Areas. Because of whom we represent, both in our districts and in our caucuses, Madeleine and I worked every day to bring comprehensive quality, culturally top appropriate care to our districts, to communities of color across our country, to the rural and poor, all who are left out of the health care mainstream. The recent Inspector General's report that's been referenced outlines some of the common challenges we face in trying to provide access to health care for everyone and to keep our communities healthy. Let me not use my time on those deficiencies that we all know very well, but rather I want to highlight areas of specific

need in the Virgin Islands, some which will build on what my Commissioner said. To speak to several important issues that apply to all of us, some addressed and some not, and to add some possible remedies that are already under the purview of the Secretaries who are with us today.

Regarding the Virgin Islands, let me first reiterate a plea that I made at the last IGIA meeting in Washington for help to allow our pharmacies to return medication that was oversupplied, damaged, or expired to their supplier, just back to their supplier. FDA has adamantly opposed it on the ground that it could open the door to implication of foreign made drugs but there is no reason at all to expect that our US trained and licensed pharmacists regulated by the same rules that are on the mainland would import drugs from foreign countries. The problem is a unique one because we are outside of the US customs zone, but it causes our hospitals and private pharmacies to lose money in an already high overhead jurisdiction as well as threatens the accreditation and the certification of our hospitals. So Secretary Garcia, we need your help. We've been working on this for several years.

Second, the poverty level guidelines used for the US VI are set too low, I think, and need to be reevaluated. CRS, the Congressional Research Service, took a cursory look at the issue for us and their look suggests that our index is actually higher than Hawaii and Alaska which have higher income limits. So I would ask the Department of Health and Human Services and the Department of the Interior to help us take a look at this so that we'll be able to access Federal and other funding based on more accurate data.

My third Virgin Islands issue is access to health care for my veterans. We in the Congress passed this year the largest health care spending bill since the establishment of the Office of Veterans Affairs. Virgin Islands vets who need anything beyond basic outpatient care have to travel to Puerto Rico in most instances. We've requested a GAO report on the level, timeliness, quality of services we received compared to other veterans. The most common and persistent complaints about the eligibility level or the means testing which relates to our high cost of living, the cost of travel to Puerto Rico and the language barriers. There are many models that we can use to fix this and on behalf of my veterans, I'm asking for your help to do that. On a positive note though, we invited Ms. Rizener from the VA hospital in Puerto Rico to meet with our veterans in St. John which is an especially challenged area and we're already seeing good results. The work that I think she began there is something we can build on for the rest of the territory.

On a more general note now, the Medicaid cap affects us all. A recent report showed that 53% of people, persons in the US Virgin Islands at or below 100% of poverty are still uninsured and that should not be. A GAO report showed that per capita spending by Medicaid in the territories is just one tenth of that in the states. As delegates, we have been able to increase the Federal contributions quite a bit but our level, quality, and quantity of services are limited by the Medicaid cap and the match. Our government, like the other governments, spends more than is required by our match, sometimes as much as 70% because our residents need the care. As we move to universal healthcare as we

must, we need your support to ensure the territories and the American Indian tribes get equitable treatment. Another critical issue is that of SSI. With the exception of the CNMI which does not have 10F, none of us get it. Our disabled are heavily burdened by the high cost of living and the Medicaid cap. Some have to leave their families and other support systems to get help for their children or themselves. With movements to give SSI to noncitizens and non-nationals, then we certainly ought to give it to our own.

The lack of adequate and reliable data is another limiting factor for all of us and has been raised repeatedly at the interagency working group. We still don't have reliable data in far too many reports. The Department of Health and Human Services has pledged to help. With our recent hearing with the Office of Census, they will be doing more as well.

Regarding prevention, if we could prevent, delay, or control just diabetes and end-stage renal disease, we could not only save millions of dollars but would enable our people to live longer and better lives. As I did at the last interagency working group meeting, I'm recommending that the Secretary of Health and Human Services establish an aggressive diabetes and obesity reduction prevention and control initiative throughout the territories. And the issue of access to remote areas, my recommendation is for smaller clinics and utilizing physician extenders: nurse practitioners, physicians' assistants so that all of the areas have some coverage. It would also help if we trained community health workers to help educate, support, and link the individuals to the services that do exist. To address the shortage of providers we should utilize a national health service to train more local doctors and nurses, pharmacists and other providers. They will have an obligation to return home and work for a period of time.

The remoteness of the Insular Areas and the inability to attract and keep certain specialists calls for, as we've heard several times this morning, an expansion of telemedicine. The Veterans (Health) Administration is now using it between Puerto Rico and the Virgin Islands on an unlimited basis and it's working well. It should also be possible to use long-distance learning coupled with some teachers-in-training on the ground to develop the allied health providers that are lacking in all of our islands. Along with that, the medical records problem can and ought to be fixed by implementing an electronic system, but we cannot build a good system with haphazard efforts. The many problems cited in the report call for planning, and I'm asking the Department of Interior and the Department of Health and Human Services to help us develop, each of us to develop, a plan for a comprehensive health care system that includes hospitals, clinics, manpower, disease prevention, health promotion, equipment and maintenance and which reaches everyone. Health-empowerments legislation that I introduced in the House can provide us a good model for how to do that.

Whatever we do from here must be community designed and driven. I also firmly believe and staunchly advocate that money spent in health care, especially upfront on prevention, is money saved. There's a mounting body of evidence that gives us the hard numbers. The Tri-Caucus is working to develop our data and our strategy and we've begun initial informal discussions with the Congressional Budget Office. Those discussions we hope takes. We plan to expand to OMB at the White House and on a

more formal level next year. Ensuring that the health of all its people is ensuring the health, strength, competitiveness, and leadership of the United States in the world.

Thank you again, Mr. Secretary, for making sure that in your tenure you visited every one of Insular Areas. Thank you for making your visits meaningful by leaving funding or special projects wherever you went, for the corrective measures that you've already undertaken to correct some of the deficiencies in our health care system that you met when you visited, and thank you for bringing us together for this very important summit. And I thank the other Secretaries and all of you who are here this morning for being here. As Chair of the Subcommittee of Insular Affairs of the House Committee on Natural Resources, I look forward to discussions that will continue today, to what message we'll be able to take back home to our individual islands. And, most importantly, to what we as a Congress, committee and subcommittee, can do to support the needs and effort that will come to the fore in these two days. Thank you for the opportunity to address with you.

09.30.08 Closing Remarks: Thank you for taking me now because I have to go and check out from my hotel room. But I want to thank you again Mr. Secretary and the other Secretaries for this conference. It's been very informative and the amount of information shared will help us as we move forward to improve health care for all of our territories. I want to say that I'm speaking on behalf of Congresswoman Bordello as well as we both Chair health for our respective caucuses and for Congressman Faleomavaega also.

A few points: 1) we've been inserting ourselves into the health care reform discussions that have begun and will continue into the next Congress and I know as Chair of the Congressional Black Caucus Health Task Force, I have put forward as one of our principles that territories and Native American Tribes must be included equitably, and I will continue to push that. Legislatively, we will want to follow-up on the IOM discussion that we had and add language inserted into the labor HHS appropriations bill to have an update on that IOM report and study for all of the territories. I mentioned that the Virgin Islands had asked GAO to perform a review on the quality and accessibility of health care for our (USVI) veterans. I will request that GAO expand the review to include services for veterans in all of the territories and the freely associated states.

Telemedicine offers so many opportunities. Telemedicine and health information technology and an electronic medical record. It ought to be made a priority. It can not only greatly improve the quality of healthcare we deliver, but it will also save dollars that can then be redirected elsewhere to increase salaries, to provide maintenance and buy equipment, or to meet some of the other needs that have been pointed out here. But it occurred to me as I was listening to the panel that we also have at various times in the Virgin Islands tried to have residents come to our hospitals and do rotations. We've not been able to do it to the extent we would like to because we don't have maybe the board certified specialists in their particular specialty to supervise. But telemedicine might make it possible for us to have residents rotate through our hospitals and enhance our staff and the services because they could be supervised by the board certified doctors

where they are coming from, so that might be another opportunity for us. Lastly, we know you don't want to issue directives at our governors and the governors don't want directives issued at them, but regarding the OMIP funding, maybe some guidance might be given and coming out of this summit that a certain portion of the OMIP be considered applied to health care improvements based on the priorities that will be developed and as we discuss this further. Lastly, I just look forward to working with the interagency group that has been put together and help to implement, where legislation is needed, some of the proposals that will come forth.

Want to thank you Mr. Secretary, the other Secretaries, our Governors and Presidents and all of our representatives here today. And especially to thank those people who create those miracles everyday on the front lines of health care.

Remarks of the Honorable James “Duke” Aiona, Lieutenant Governor of Hawaii

09.29.08 Opening Remarks: Secretary Kempthorne and fellow Secretaries Peake, Chu,



and Garcia, on behalf of Governor Lingle and the people of the State of Hawaii, and of course to all of our distinguished guests here, to all of my fellow leaders here at the podium, we say, I can't say in all different languages, but for here in Hawaii, we say Aloha, and welcome, and good morning to all of you. As Secretary Kempthorne said, this is a very impressive group of leaders and representatives from the various Insular Areas. We here in Hawaii play maybe a little different role in the issues that we're going to take on today, but I want you to know we welcome that, we accept it and my comments today, I hope, are taken very constructively. I would like to lay out for you the facts as we see

it here in the state, the challenges that we see here in the state and, again, I want you to take it very constructively. Please do not take it for any minute that we here in Hawaii do not have the Aloha for all of our brothers and sisters in the Pacific Islands. First after all, we are all one big Ohana (family).

I'd like to first of all, start off with some of the numbers that we have here. In regards to what I call COFA, a Compact of Free Association, and I don't need to go over the history of it all, but suffice it to say that here in Hawaii we receive on an annual basis about \$10 million for COFA. The impact that we have from our brothers and sisters who are coming here from Micronesia and the various different nation-states is as follows: in the area of medical assistance, in cash assistance, this is for the year 2007; the State of Hawaii expended \$39.2 million. In the area of immunization and health screening costs, the State of Hawaii spent \$3.1 million. In the area of educational costs, the State of Hawaii expended \$45.8 million. In the area of housing and incarceration, the State of Hawaii spent \$2.9 million. Well that's the financial impact. I'd like to, if I can, move on to I guess what I would call services and give you a little update on that. In regards to services, our housing concerns are COFA migrants make up a huge portion of our homeless shelter facilities. In fact, from the year 2001 to 2006, our COFA migrants have increased our homeless population threefold. In 2006, 1,119 COFA migrants received homeless shelter assistance. The estimated cost, as I mentioned earlier, and if I didn't mention earlier, for the year 2007 was for \$5.9 million. Now in the area of health concern and this is something, you know. I read the report from the Solicitor General and Secretary Kempthorne said it was sobering. I'd like to say it was outright spooky and very, very depressing. But in any event, for our health concerns, the average tuberculosis, TB, rate for Micronesian immigrants, or COFA immigrants I should say, is 127 per 100,000 people. Within the Pacific jurisdiction that has come out to this, 61 out of 65 new TB cases come from our COFA nations, 61 out of our 65 new cases. From FSM and RMI, because of their late entry into prenatal care or lack of prenatal care, and need of STD screening, this has resulted in the highest infant mortality rates that we have experienced here in Hawaii.

Now these are the concerns that we have here in the State of Hawaii; these are the challenges that we meet here in the State of Hawaii. And as part of this, in addition to this, our plea to Interior is that, and the Governor (Lingle) has made this an issue in prior dates, I raise it again so that since we have a captive audience here in the Secretary, in regards to census for the years 2000 and 2005, as I said Governor Lingle made this request in 2003. We believe that there was a significant undercount in the census of our migrants from COFA states. And we believe that we can make a tremendous impact on that through our assistance, so we have laid our hands out. We've said that we want to be a part of it. We know that in Guam they had a big part in taking their census. We here in Hawaii did not have that opportunity. We have asked for that opportunity. We wanted another census taken before 2008. And that's one of our big requests to Interior to help us to get the census right because we believe that part of the funding is determined through the census that is taken, and we want that to be accurate so that we can get our fair share of the financial assistance that is so dearly needed. Now I know we are working on solutions to some of these problems. For instance, I know that we are requiring, I should say we are working on a requirement, to have our migrants screened appropriately before they exit the COFA states and come here to Hawaii.

But I think more importantly, what I'd like to share in closing with all of you is something that is really fundamental I believe, to the problem that we face here today. I know the majority of the conversation; I should say the crux of the conversation here is on facilities, health facilities and the delivery of health care and rightly so. But I think the problem is much more fundamentally approached and can be, in some ways, addressed. What I'd like to do is just share a story. And this is a story that was relayed to me at one of our community health clinics here on Oahu. And this wasn't very long ago. In fact, I believe, if I'm not mistaken, this was within the past year. We quite frequently take visits to our community health centers to see how they're doing, to listen to their concerns, and to see if we can be of any help in regards to, whether it's finances, services or just getting the message out, in regards to what they're doing. And they related to me that the increase of migrants from the COFA states has been steadily increasing. They've been seeing more and more patients with various degrees, but particularly in regards to diabetes and respiratory problems. Most of the concern in the care lies in that area. They mentioned to me how, first and foremost, they had a difficulty communicating with many of these migrants. As you know, within the Federated States of Micronesia they have several dialects and they're not all, I would say, easy to learn and comprehend. But needless to say, we worked through that issue day in and day out here in Hawaii. So they have enlisted the assistance of interpreters, people who will help them in communicating with our COFA migrants. Well, they have several programs at our community health clinics besides just general health care. In other words, where they take the temperature, they prescribe medicine, and so on. They have in fact, embarked on a very aggressive what I would call, preventive maintenance health program, and that's, in the basic term, exercise. And they've really made that a big part and worked that in their program. And I know that word "exercise" should be universal to all of us in this world simply because it's something that's free, it's something that we should all comprehend, and is something that we all can do, even those who have physical and mental challenges. We can embark on some type of exercise.

Well unfortunately, I don't know if unfortunately is the right word, but they expressed to me, and I can't remember which state or nation this was, when it came to interpreting this term "exercise", it wasn't found in the vocabulary. So, as such, they couldn't express and outline this word exercise for our brothers and sisters from our COFA states. So as such, they had no exercise program. They didn't understand what exercise was, and as a result, I think that is one of the problems we see in our health care and our access to health care. So, being as creative and innovative as they were, they worked through the problem. What they did was they have some vacant land up in the valley that the use to grow vegetables and fruits and what not, and so what they did was they carved out a little section for this particular segment of the community and they said, 'This is your garden here. You will grow fruits and vegetables that will help you, not only to exercise but also to understand what it means to have a proper diet.'" So my suggestion is, and I know this has been said many times, but again, I firmly believe that you can't say enough of this or speak in favor of it and advocate it too much. But a basic preventive measure that we can all implement in every single one of our states, in our nations, in our territories, in our communities, in our homes, is diet and exercise.

And I hope that little story illustrates what I believe to be one of the fundamental solutions to the problems that we now face when it comes to health care and facilities we see here in Hawaii. We work on it each and every day as best as we can. But being the leaders that we are, and having the ability to be a little more sophisticated in the sense of education and worldly travel, I think we should all take up this mantra and this leadership of being fit and eating right. It's not all about eating organic fruits and vegetables and/or meats; it's just about being smart in what we take. But it also means carving out a few minutes in your day. And I understand we all have busy schedules, we travel a lot, we do a lot of different things to take up our time. But for any of us to say that we can't carve out maybe thirty minutes a day of walking, of stretching, whatever it may be to exercise, I think really, really belittles the problem. I should say, belittles our ability as leaders. But more importantly, it takes away our effectiveness to add solutions to this problem.

So I know you've heard all of our concerns. It does come down to financial resources in many instances. I know we have a limited amount of that. I know the tug-and-pull going every which way but if we could just make these small adjustments to what we have, I think we'll go a long way. Again, I want to thank all of you for being here today. I want to thank our leaders up here today who are going to make a difference. And to all of you, I say have a great day here in Hawaii. We thank you for coming here to this beautiful island of ours, enjoy our spirit of aloha, and God Bless you all. Aloha.

09.30.08 Closing Remarks: There were no closing remarks offered or submitted for the record on behalf of the Lieutenant Governor.

IV. U.S. DEPARTMENTS – IMMEDIATE ACTIONS

A. Joint Resolution creating ICAIHR and task force



Due to similar characteristics and challenges of logistics, lack of resources, transportation and technology within each of the Insular Areas, all of the health-related challenges discussed at the summit, in varying degrees, are applicable to each of the Insular Areas. Secretary Kempthorne recognized the need for formal identification of specific challenges in each Insular Area to allow for the formulization of a targeted game plan to address each need. In line with

this, a Joint Agreement among the U.S. Departments represented was signed by each U.S. cabinet member, thereby establishing the Interagency Coordinated Assets for Insular Health Response (ICAIHR).

Secretary Kempthorne stated, “[I] had mentioned in the opening comments that these four departments (i.e., U.S. Departments of the Interior, Health and Human Services, Defense and Veterans Administration) who all have a key role to play are going to coordinate those roles and we’re going to commit to the establishment of the interagency coordinating assets for insular health response. Now let me give you an idea of what this will do. This is a positive action, it comes from the summit and, as is pointed out by some of the leaders of the islands, they would like this to be a system that is passed on to the next administration so the benefits from this continue. The purpose of the task force will be to assess the health care needs of each of the seven insular areas including Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the US Virgin Islands, Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands, in consultation with appropriate leaders from these areas, to develop a priority list of actions specific to each Insular Area that addresses the most critical health care needs. The task force will prepare a report for each Insular Area and submit a report to the IGIA by June of 2009.”

Task Force ICAIHR: Joint Resolution signed by the Secretaries of the U.S. Departments of Interior, Health and Human Services, Veterans Affairs and Defense establishing the Interagency Coordinated Assets for Insular Health Response (ICAIHR). ICAIHR will work within the existing structure of the Interagency Group on Insular Areas and will, by June 1, 2009, complete a report on the specific health care needs of each Insular Area. The Joint Resolution was completed at the summit and signed on September 29, 2008, by Secretary Kempthorne, Secretary Peake, Under Secretary Chu and Assistant Secretary Garcia (Copy of Joint Agreement Follows).



ESTABLISHMENT OF THE INTERAGENCY COORDINATED ASSETS FOR INSULAR HEALTH RESPONSE

We hereby create the Interagency Coordinated Assets for Insular Health Response (ICAIHR).

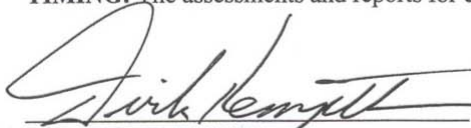
ORGANIZATION: ICAIHR will be established within the existing structure of the Interagency Group on Insular Areas (IGIA). Established by the President on May 8, 2003, (Executive Order 13299) the IGIA is administered by Department of the Interior and consists exclusively of the heads of the executive departments and the heads of such agencies as the Secretary of the Interior may designate.

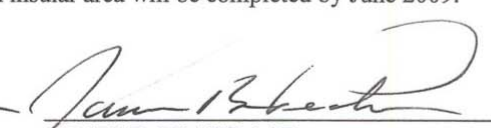
PURPOSE: The purpose of ICAIHR will be:

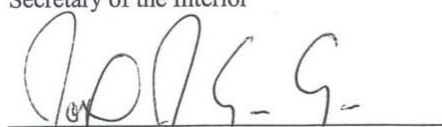
- To assess the health care needs of each of the seven insular areas including Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, U.S. Virgin Islands, Palau, Federated States of Micronesia, and the Republic of the Marshall Islands, in consultation with appropriate leaders from these areas.
- To develop a priority list of actions, specific to each insular area, that addresses the most critical health care needs.
- To prepare a report for each insular area and submit the report to the IGIA.

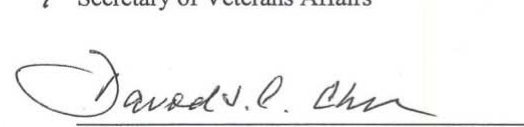
MEMBERSHIP: Membership of the ICAIHR will include representatives of the Departments of Health and Human Services, Defense, Veterans Affairs, and the Interior, and will be designated by each Department.

TIMING: The assessments and reports for each insular area will be completed by June 2009.


 DIRK KEMPTHORNE
 Secretary of the Interior


 JAMES B. PEAKE, M.D.
 Secretary of Veterans Affairs


 JOJEL GARCIA, M.D.
 Assistant Secretary for Health
 Department of Health and Human Services


 DAVID S.C. CHU
 Under Secretary of Defense for Personnel
 and Readiness

DATE: September 29, 2008

B. White House Office of USA Freedom Corps, Health Care Initiative

A new volunteer link titled “Insular Health Initiative” has been established on the website of the USA Freedom Corps. This new interactive site will be a one-stop to connect health care volunteers with volunteer opportunities in the islands.



Island Health Initiative

Mobilizing Volunteers to Generate Results for Insular Health

To strengthen health services throughout the Insular areas, the U.S. Department of the Interior is partnering with USA Freedom Corps (USAFC) on a volunteer-driven “Island Health Initiative.” This initiative will connect skilled medical and public health professionals to health-related volunteer service opportunities throughout the Insular areas.

Volunteers can search the network for health-related volunteer opportunities throughout the Insular areas. Hospitals and health-related nonprofits can recruit volunteers at no charge.



The Island Health Initiative will, for the first time, make service opportunities throughout all the Insular areas easily accessible through the USAFC Volunteer Network, which is the most comprehensive clearinghouse of volunteer opportunities. This initiative is now accessible through the USA Freedom Corps at http://www.freedomcorps.gov/about_usafc/initiatives/doi.asp.

For more information or to list a volunteer opportunity on the website, please contact Joseph McDermott in the Department of the Interior’s Office of Insular Affairs by email Joseph_McDermott@ios.doi.gov or by phone at 202-208-4736.

C. Report on the summit: “Future of Health Care in the Insular Areas Leaders Summit”

This report is to be an information source, not the “game plan” as that is the intent of the report to be produced by ICAIHR. Rather, this report on the summit is a compilation of what was said, information identifying challenges, possible solutions and actions taken. Per Secretary Kempthorne, “[I]t would have been very helpful if I had this when I began my tenure, something that identified the challenges, identified the foundations, identified the assets, and had a path forward. In as much as possible, actions will be taken on the recommendations and possible solutions. During the transition period, information identifying key areas of importance of the respective departments will be passed to the successors. This report will be one of the things that I will pass on to the transition team. All of this is going to be very beneficial.”

V. Working Group – Island Health Officials: Recommendations

SEVENTEEN RECOMMENDATIONS TO DONOR AGENCIES RESULTING FROM THE DOI INSULAR AREA HEALTH SUMMIT SEPTEMBER 2008

1. Make the three freely-associated states areas eligible for benefits under the Denton Amendment.
2. Increase focus on preventive and primary health care.
3. Develop a coordinated cross-sectored, cross-agency approach to assisting the Insular Areas with transforming their health systems.
4. Work with the Insular Areas to identify and implement minimum standards for health data and health information systems.
5. Make Medicaid reimbursement to the territories equitable; that is, lift the Medicaid cap and adjust the current Medicaid cost-share requirement.
6. Support a new Institute of Medicine report on the Insular Areas and include the U.S. Virgin Islands.
7. Focus on root causes and priority initiatives consistent with the strategic goals of the Insular Areas.
8. Review and revise the DOI OIG standards and policies for reviews related to the Insular Areas.
9. Develop and implement consultation policies that help ensure more responsive, Insular Area-driven technical assistance.
10. Help review and revise the current health professional licensing agreements among the Insular Areas and their US and international partners.
11. Help the Insular Areas assess and strengthen their systems of health care financing.
12. Increase the Insular Areas' access to resources of the US Veterans Health Administration.
13. Support the development of in-country, accredited public health training programs among community colleges in the Insular Areas.

14. Support existing regional and local efforts to develop quality assurance and improvement systems among hospitals, community health centers and public health departments in the Insular Areas
15. Support existing regional and local efforts to strengthen the health workforce in the Insular Areas.
16. Include representatives from the Insular Areas on the task force chartered under the Joint Agreement Interagency Coordination of Assets for Insular Area Health Response (ICAIHR).
17. Help strengthen local and regional institutions by actively using them as key venues for planning, policy development, and decision-making.

VI. Transcripts of Summit Sessions

Note: Not all of the day’s discussions were captured by the Contractor. Panel 2 (partial) and following discussions were prepared, as available, from OIA video shots.

Day 1.....78

AV 09.29.08 HS 1: 1st day, Summit start to Lt. Governor Aiona Opening Remarks

AV 09.29.08 HS 2: President Mori’s Opening Remarks to Intro of Governor Camacho

AV 09.29.08 HS 3: Governor Camacho Opening Remarks to Lunch Break

AV 09.29.08 HS 4: Panel 1 Critical Shortages and Following Floor Discussions

Vid09.29.08-shots: Panel 2 DOD and VA and Following Discussions (AV of Contractor not recorded due to system problems)

Day 2.....137

AV 09.30.08 HS 1: 2nd day, Summit start, Panel 3 Standards and Following Floor Discussions

AV 09.30.08 HS 2: Floor Discussions continued

AV 09.30.08 HS 3: Panel 2 Telehealth and Floor Discussions

AV 09.30.08 HS 4: Floor Discussions and Closing Comments

Day 2 Working Group Session.....184

AV 09.30.08 HS: Working Group: Island Health Officers - Afternoon Working Session

AV 09.29.08 HS 1: 1st day, Summit start to Lt. Governor Aiona Opening Remarks

(Nikolao Pula, Director of the Office of Insular Affairs, Interior) I respectfully ask those of you are outside to please come in and have a seat. We will begin in about one minute. So I'm calling to those folks outside, if you could please come in and start having a seat, we'll begin in about one minute. Ladies and gentlemen, I would kindly ask for those of you in the back, we have some empty seats here in the front, to please move up. Those of you in the back who think you may not have a seat.

You know, one of my staffers, said to me "Nik, don't do that clapping thing that you do when you welcome the folks, you need to come up with a new welcoming situation." So I said "Okay, I won't do that but I'll just do something else and do it slowly." Usually in the islands when we welcome folks, we like everybody to be in unison so I hope you will bear with me. I'll start with my usual welcome so if you would bear with me, just follow my instructions, that would be great. If everybody could put your hands together and rub them, we call this "meelies," so everybody meely. When I say "pati," that's one clap, so let's try that. Everybody meely, pati! Wow, you're better than I thought. This is great. Let's try, when I say "lua pati," this means two claps and then when I say "poe," that's a different clap. You cup your hands and hit a hollow sound. That's a poe. So let's try this, and I think if we're in unison, it's going to be a great summit. Okay everybody, meely...pati...lua pati. Lua pati and poe. Wow, I'm impressed. I think this is gonna be great.

My name is Nikolao Pula. I am the Director of the Office of Insular Affairs of the Department of the Interior. I'd like to welcome all of you to this great leaders' summit and thank you all for coming. Some of you, I know have busy schedules; some of you have traveled far to get here; so from the bottom of our hearts, we really want to thank you. We appreciate it. I'm very honored and feel privileged to welcome everybody. As we say in this great land and people of Hawaii, Aloha. (*Aloha*). Mm, not as good as the clap, let's try that one more time. Aloha! Is that good, Lieutenant Governor Aiona?

Okay, let me just give a few announcements. Number one, we're going to have a ten minute break, and because of the time we're not going to go through all the formal introductions, but in your packets we have all the bios of our leaders, so you can look through them. And also just to let you know, the restrooms are directly behind you, on the left as you go over to where the stairs are, it's on your left side, going to the Waikiki Room, where we're going to have lunch. And if you would also all turn off, well not turn off, but put on vibrate, your Blackberries and your phones to make sure that none of that happens during our meeting.

So without further ado, let me introduce to you our first speaker. This is a man who actually does not need an introduction. You'll know as you read through the bios that he's been a mayor; he's been a governor; he's been a US senator; now he's a U.S. Presidential Cabinet member. I will not tell you more about his background or his leadership qualities. I'll just tell you a couple things that are not in his bio or his resume, things that I personally know about him. I will also let other Americans tell you about

him. When I had the opportunity last year to go to Pohnpei for the inauguration of the President of the FSM, Micronesian President Mori, I met a rear admiral there and we were talking and he said to me, "Nik, how's your boss?" And I said, "He's doing pretty good." And he said to me, "You know, he's a great guy. I met him; I chatted with him; had meetings with him; and he's one of those fellows, a gentleman that has restored my faith in politicians at the national level." So I thought, "Wow, that is a pretty good compliment." Another example, we had a business conference here two years ago, the Island Business Conference. A Vietnam POW gentleman said to me, after the second day of the conference, he said "Nik, you know, your boss is a great guy. He is presidential material."

So I think, me personally, he's the real McCoy, he's a real guy. And one last tidbit that I want to mention that I have learned from my boss. We had the island leaders, the State Department declared a thing in 2007, that year to be the Year of the Pacific, and the Pacific Islands Council of Leaders had a meeting in Washington, DC. So all these leaders from here in the Pacific came to Washington, DC and my boss said, "You know what? We should have a reception for these leaders coming from the Pacific." So he had the whole department; he didn't want to have it at a fancy place or somewhere small. He wanted to have it at the cafeteria so that all the staff would be able to meet, and we wanted everybody to wear island attire. It was kind of interesting because when the leaders showed up, they all were wearing coats and ties while everybody, including the Secretary, was wearing Aloha shirts and island attire. But the interesting thing that I observed was that one Interior staffer went over to a table where some employees were sitting and took the centerpiece off of their table to put on the table that the Secretary and the island leaders were sitting at. One of the ladies at that table of employees kind of raised her eyebrows at what the staffer did. I saw the Secretary observing this. Without any fanfare, he went to the table set for the leaders and picked up the centerpiece and walked with it back to the table of employees and set it on the table. Then he sat down and chatted with the employees for a bit. Maybe nobody else noticed what the Secretary did, but I noticed. So without further ado, ladies and gentlemen, let me introduce to you, the real McCoy, the forty-ninth Secretary of the Interior, Dirk Kempthorne.

(Secretary Dirk Kempthorne, Interior) Nik, thank you. Aloha. Talofa lava. Hafa adai. Yokwe yuk. Kaselehlie. Ran anim. Kefel. Len wo. Alii. Howdy. Nik, thank you very much for the introduction. President Mori, President Tomeing, Vice President Chin, Governor Togiola, Governor Camacho, Governor Fitial, Lieutenant Governor Aiona, Secretary Peake, Undersecretary Chu, Assistant Secretary Garcia, Congresswoman Christensen, Admiral French, Ambassadors, all who are here, this is a very impressive gathering. I thank you all for joining me on this historic occasion as we gather to discuss the future of health care in the Insular Areas (territories and freely associated states). I would especially like to recognize and to thank James Peake and David Chu and Joxel Garcia for co-hosting this with the Department of the Interior as co-conveners. And I also want to thank the Presidents of the Freely Associated States and the Governors of the US Territories, their health secretaries, directors, public health directors, hospital administrators, chief executives for joining us today. This is an impressive group in this room. It's the right people, the right occasion, the right topic, the right time. Also

appreciate the participation of other Federal officials, as well as representatives of the State of Hawaii, other mainland state government agencies and health care associations and groups.

Some of my most treasured memories as Secretary of Interior have come from the opportunities that I've had while visiting the US territories and the freely associated states. Beginning in June 2007 in the Pacific, and concluding last month in the US Virgin Islands, I have now visited all of them and feel a deep sense of affinity with the people and the unique cultures of these beautiful, beautiful places. In the Pacific, I was honored to be accompanied by BJ Penn, the Assistant Secretary of the Navy. The Navy as you know has a historic connection with the Insular Areas in the Pacific. Interior has now inherited that close connection, so I was happy to travel with the Assistant Secretary Penn and also see the US Naval Command Marianas with Admiral French. It was tremendous. During my visits, I've also taken the time to visit hospitals and health centers in the Insular Areas and met many dedicated health care professionals who have touched my heart. I've seen first a class state-of-the-art cardiology center and cancer centers for example. But I've also seen firsthand the challenges faced in caring for the peoples of the Pacific and the US Virgin Islands who sometimes are hundreds, if not thousands, of miles from the nearest medical center. To a person, these professionals perform their jobs with tremendous skill and dedication in the face of sometimes difficult circumstances. I do not want our discussions here to detract from their devotion and enthusiasm for their jobs. On the contrary, these doctors, nurses, health officers, and other medical and support professionals do their jobs when at times they face staffing shortages in critical areas. At times they don't even have enough drugs or supplies to meet everyone's needs. At times they have to make do with outmoded or broken pieces of medical equipment. At times they don't have access to medical consultation as quickly as patient conditions demand. At times they must work in crumbling, unsafe environments that would shock some of us here today. These dedicated and tireless professionals are the unsung heroes of health care in the territories and the freely associated states. They deserve our thanks. We, your Federal partners, are here today to listen, to learn, to explore strategies and approaches for helping you advance in your health care sectors. This responsibility became a very personal commitment for me during my visit to your Islands.

One of my most profound memories was meeting a group of some hundred and twenty five nurses from the Pacific Region who had gathered in American Samoa for the annual conference of the American Pacific Nursing Leader's Council. At that conference, the nurses told me about the jobs and some of the challenges they face in carrying out their work. For example, nurses from Chuuk told me how disheartening it was to care for patients when there was no water for three days due to electricity shut downs. They had tears in their eyes. When I returned to Washington, I resolved to help. As an example, to deal with the water issues at the hospital in Chuuk, I directed the Office of Insular Affairs to work with the governments of the Federated States of Micronesia and Chuuk to see what we would do to solve the problem. I'm pleased to report the Interior's Office of Insular Affairs team working with the Chuuk hospital staff, using tanks and pumps procured locally and installed by local maintenance staff, has improved the water supply to a number of departments at the hospital, including the emergency room and the

operating room. Also, a rain catchment system was constructed and installation of new pumping equipment liners and covers to storage tank infiltration and disinfection systems has been completed. As a result, the hospital in Chuuk now has treated water on demand twenty-four hours a day. However this was a temporary fix. Last November, Interior began to move forward with a permanent fix in partnership with the US Army Corps of Engineers. Two new generators have been acquired for the hospitals wells and are being installed as we speak right now.

I mentioned Chuuk when I was with Governor Camacho. In Guam, we attended the funeral services for a young sergeant who had been killed in the line of duty. He was from Chuuk. Throughout our islands, on a per capita basis we have more young people join the US military than in the States (U.S. 50 states). We have people who are true patriots; we need to be true partners with these patriots. When all is said and done, the hospital in Chuuk will finally have a self-contained purified water system including an adequate storage and distribution system. That because a few nurses (during their conference there in American Samoa) who simply made known the problems. On another occasion, visiting a hospital in Ebeye, I was told the hospital personnel were having problems because of the lack of an emergency generator. At this hospital, Interior staff worked with the Marshall Islands Government to obtain funding to purchase a new emergency generator. These situations underscore the importance of our continuing to focus on both water and energy, both of which are absolutely necessary in the provision of quality health care.

I remember looking in a basin, at some of the small drill bits that were used by the dentist, and I said, "Are they covered with blood or rust?" They said "Oh, this is rust but we'll put them in the autoclave." We shouldn't have conditions like that. On a much larger scale, we're making continuous investments to improve health care throughout the Insular Areas. In fact, since 2006 we've allocated \$154 million in grants to support health care infrastructure. This funding has helped to build new facilities and underwrite the purchase of equipment in the funding of programs to provide better patient care. During this last year, Interior provided almost \$16 million to American Samoa to support operations of the LBJ Hospital and to fund health and water infrastructure grants. We anticipate the same level of support when Congress approves our 2009 budget. Also last year, we gave more than \$5.2 million to the Northern Mariana Islands to support their health care infrastructure as well as fund water and wastewater infrastructure. In the US Virgin Islands, Interior provided \$3.8 million to support water and wastewater infrastructure including a completely new water system for the town of Coral Bay on St. John. In Guam last year, Interior contributed \$8 million to support health infrastructure. We expect to do the same in 2009. Today I'm pleased to announce that Interior will be providing \$834,000 in additional funding to strengthen the Guam Memorial Hospital's exterior walls and expand its medical supply warehouse. In addition we'll be granting \$100,000 to the American Pacific Nursing Leader's Council so that the group can establish an administrative office at the University of Guam. The council works in all the Pacific areas.

I'm also announcing today that the Federated States of Micronesia will receive \$21.5

million dollars in fiscal year 2009 Compact funding through Interior to operate the Departments of Health in its four states of Chuuk, Pohnpei, Kosrae, and Yap. This grant funding is the financial backbone of the country's health services, paying the day-to-day costs of hospital operations, salaries of medical professionals, replacing medical equipment in operating clinics in the islands. We're also providing Chuuk state with \$1.9 million to deal with a public health emergency that will take significantly greater resources over the next several years to resolve. The Republic of the Marshall Islands will receive \$7.4 million in Compact funding through Interior to support the day-to-day functioning of its Health Ministry in fiscal year 2009. An additional \$1.7 million in health funding will be directed to the medical needs of the Marshallese community on Ebeye Atoll. In 2009, Interior will provide \$13.3 million in Compact funding to Palau, some of which goes to support their Health Ministry.

Of course, the Department of the Interior is not alone in the Federal government's support for insular health care. We greatly value the important roles of the Department of Health and Human Services, Veterans Affairs, and Defense who are partners in this mission. I'm happy for what we've accomplished, but I believe we need to do more. I believe the key to reviving long-term support for the thirteen island hospitals is to reach out to stateside hospitals to create a kind of hospital-to-hospital support system. I'm honored to announce that in a few minutes we will sign documents establish a Federal Insular Area health care task force. The task force will work within the existing structure of the Interagency Group on Insular Areas and will include the Departments of Interior, Health and Human Services, Veterans Affairs, and Defense. We will call it the Interagency Coordinated Approach for Insular Health Response, acronym ICAIHR ("I CARE"). In this regard, I'm pleased to announce the White House Office of USA Freedom Corps has established a new volunteer link on its website called the Insular Health Initiative. This new interactive site will be a one-stop site to connect health care volunteers with volunteer opportunities in the islands. I'm hoping we can build helpful relationships with this effort.

The quantity and the quality of hospitals and health centers in Insular Areas (territories and freely associated states) still vary and some are not yet up to an acceptable level. Additionally, I am discussing this idea with the American, the Catholic, and the District of Columbia Hospital Associations. I have already met with all and I'm hoping we can encourage stateside health care professionals to volunteer their time and skills in this area. As they saw in both St. Croix and St. Thomas, there are departments with state-of-the-art medical equipment, but unfortunately it is not universal. Some jurisdictions struggle daily to provide care in substandard facilities. Others are somewhere in between. In addition, Guam will need to expand its health care capacity fairly quickly to deal with a large buildup of military force that is expected as we transfer some 8000 Marines from Okinawa to Guam. For other jurisdictions, increased immigration is creating entirely different issues.

Included in your registration materials is a report produced by Interior's Office of Inspector General concerning health care in the Insular Areas. I hope you'll take some time to review this sobering report and the important issues that it raises.

In convening this leaders' summit, I intend to put all these challenges on the table so that together we can figure out ways to help ensure a brighter future for health care in the Insular Areas. This is the reason you're here today, the chief executives of the respective jurisdictions. This first-ever leader summit arrives from my firm belief that the people of the US-affiliated Insular Areas should have better facilities, equipment, programs, and professional expertise. I'm confident that working together we can find ways to advance health care in the islands. This summit will not solve all of these problems but is the beginning of a process that can develop the right balance of resources and effective action plans to help these island communities that are so important to the United States. There will be no single right way to go about our work today and tomorrow. There will be no single correct conclusion. There will be no one-size-fits-all conclusion. The mission of this summit is to raise our awareness to renew lines of communication and commit ourselves to finding adaptive strategies and partnership solutions. I ask that we all have open minds and open hearts as we hear more about insular challenges, needs, and priorities. I hope in the end we can establish a framework built on partnership and cooperation to meet these challenges, needs, and priorities. Together, working as partners, I'm confident that we can save lives, we can heal wounds, we can cure diseases, and we can improve the lives of our people.

With that, I'd like to ask to now speak, the Secretary of Veterans Affairs, General Peake, Dr. Peake, a gentleman who continues in his distinguished service to the United States of America. He served at Tripler. When I called Secretary Peake to ask him of his thoughts on this idea of this summit and if he would co-sponsor and if he would participate, without hesitation he said yes. As Dr. Peake said a few moments ago, it feels like old home week for him. So ladies and gentlemen, here's someone who brings a great deal of expertise and passion and professionalism to the needs, Dr. Peake.

(Secretary James B. Peake, M.D., Veterans Affairs) Well, Secretary Kempthorne, thank you very much for the invitation to be here. Thank you for this initiative; it's one that is extremely important. One of the things that we hear from our veterans throughout the Insular Areas is the need for a forum to be able to discuss the issues of health. The Insular Areas really are heterogeneous in many ways. A stretch from the Pacific to the Caribbean, you have the issues from Puerto Rico and San Juan to Palau. We have 90% of the population of veterans are in the area of San Juan, Puerto Rico if you will. And then looking at the Northern Marianas, where somewhere less than a thousand. Although part of the issues we don't totally know because the census doesn't necessarily reach out and give us the full picture. So we need to understand really the magnitude of the issues for us. We have different cultures and different traditions, different languages, as we were instructed when we first started here. There are economic differences across the Insular Areas. There's different geographies and proximities and transportation and access issues that create different sorts of problem sets that need to be addressed. But in common, or first really I think, the unique relationship with United States of America, and even that has some different forms across the Insular Areas.

For us in the VA, we do have in common the men and women who serve this nation and,

as you heard, with a higher propensity (per capita) for service to the United States of America in uniform. People like Vice President Chin of Palau whose twenty years as a combat aviator and now serving that nation in that capacity really for a full career; Lieutenant Governor Mike Cruz of Guam, an Army surgeon who has had duty in Iraq; just examples of the spectrum of folks who populate the Insular Areas that have served this nation that way. They (Insular Areas) share in a somewhat unique representation of the difficult challenges of rural health in general, complicated by the difficulties of island involvements. They have relatively small populations in terms of density and, therefore, lack the economic clout to bring all the services to bear that one would want. This is in the face of rising health expectations and the recognition of rising health care needs. There is also an awareness of the increasing capabilities that increasing health technology offers in terms of dealing with health issues across the board. And it's associated with those technologies and increasing direct cost of the technology, along with the increasing requirement for reliable infrastructure to support the technology, and the Secretary already alluded to some of those kinds of issues: the physical infrastructure, the power infrastructure, the water infrastructure. And then there's of course the human technological infrastructure to support the continued use of technology to address the issues, and all of which the Insular Areas share in these kinds of challenges.

Then, of course, there's the issue of the health human resource that plays in the global market. It deals with trying to understand and appropriately place the incentives to provide the support, the opportunity for people to get the education to be a part of the system to change the environment of practice so that quality people and quality professionals will have the tools that they need and the environment to practice to the standards that we now believe are important in our delivery of health care. And to understand that that is not a short-term fix but also a long-term development plan that needs to be put in place. There is segmental coverage of health care if you will, and what that does is decrease the demography of the support to the health economy. Some have certain coverage, like veterans as an example, that we can provide different things to different folks at different times under different authorities. Some have private coverage. Some have state coverage with a variety of different types of support for their health care. All have in this, in the Insular Areas, transportation, the time distance conundrum, and the tyranny of what that offers. There is an environment of increasing, I think, appreciation for standards of health care and a challenge to overlay those standards of health care that are founded in science with the culture and the reality of that time distance equation that I talked about.

But it also offers tremendous potential opportunities to align authorities for sharing services. For example, for veterans, what we're trying to do and have done successfully with our great partners and DOD and the Navy, here at Tripler. We have CBOC, a Community Based Outpatient Clinic that we are improving in Guam, understanding the lessons of our past, making sure it's co-located as part of the strategic planning of the Navy as we anticipate this larger population growth from the military restructuring. We need to share in the strategic planning to be able to make sure that we are at the table with them just as we need to be at the table for strategic planning with all of the aspects of people that use health care. Shared staff, shared technology are great opportunities.

Leveraging the technology of and the power of telemedicine, and we have people in the audience who are expert in that and I'm pleased to see you being here to participate. Having call centers that are actually really focused on service delivery in understanding what we need to do to make sure that the power of information comes together to those kinds of call centers. And again, attacking that time distance conundrum. LBJ Hospital in American Samoa is a great example of where we are working at an agreement to be able to access those facilities and provide better on-island access for our veterans, lining up the authorities and the capabilities.

As complicated as all of these health issues really are, and they frankly get even more complicated in this increasingly connected world, I appreciate having this interagency approach and a forum to get the issues parsed and on the table. I look forward to these next two days with all of you as we chart away ahead. Thank you very much.

(Secretary Kempthorne) Thank you so much. Our next speaker is someone that for some years I have been a tremendous admirer of and fan of. And I will tell you of the most recent example of why I have such belief in this man. When I was Governor of Idaho, our brigade was called and deployed to Iraq. It was the largest single mobilization of troops in the state ever in its history. Every county had significant individuals that were now going to be sent to Iraq. It was judges, it was state troopers, it was public works officers, it was husbands, wives, moms, dads and we've never been through this before, and the gentleman I called was David Chu at the Department of Defense. We already had a good working relationship and friendship, but to go through this, what he brought to this, the talent, the insight, the cutting of the red tape, was so critical to us and so I just, I again have a great appreciation for David Chu and what he means, so in his capacity as Defense Undersecretary of Defense for Personnel Readiness, again the right man. So David?

(Under Secretary David S.C. Chu, Department of Defense) Secretary Kempthorne, thank you for your kind words and thank you for your leadership both then and now. It is a privilege to be here with the leaders of the Insular Areas (U.S.-affiliated territories and freely associated states) to take a fresh look really at how we together deliver health care in this far, far region in these very different situations. I confess I bring a particular advantage point or bias you might call it, to questions like this. I was trained originally as an economist. And there's a story told by economists that underscores that vantage point or bias. In that story, an alumnus of a major graduate program comes back to see his professor some twenty years after graduating. It is exam time and since she is proctoring the exam, he takes a seat in the back, opens the booklet and looks at the questions. And to his amazement he discovers they're the same questions on which he wrote answers twenty years early. And so at the end, he goes up to her, a bit agitated and says, "You know this really isn't a fair test of the student's knowledge if you're going to ask the same questions. After all, they can prepare too easily for this examination." She looks at him and smiles and says, "Remember, in economics, we don't change the questions, we just change the answers." And that indeed I think is our challenge in this summit. To ask ourselves, what answers do we want for the future in terms of delivering the quality of health care that our people deserve?" You might ask, "What is the Defense

Department's role in this regard?"

Obviously we play a role in terms of the larger question of the status of the Freely Associated States and the United States in defense policy. And, of course, we have a major installation on Guam; maybe I should say installations plural, on Guam. And Kwajalein still plays a very significant role in terms of American missile test programs. But the most important element of our relationship is the one that Secretary Kempthorne has already touched on this morning, on which Secretary Peake also elaborated. And that is, we are responsible in an important way for health care for a key segment of the population in the Insular Areas. On Guam, about twenty percent of the population, as Governor Camacho knows, is accounted for by military personnel stationed there and their families. And in terms of service in the uniform ranks of the United States, if you took a snapshot of our active duty force today, you would find about three thousand of uniformed personnel on active duty in the United States, exclusive of the reserve components, list as their home of record one of the Insular Areas participating in this conference, excluding Puerto Rico. And if you look at our reserve components, you would find about four thousand of our reserve compliments, that's National Guard, Army Reserve, are from the jurisdictions attending this conference and they have about eight thousand dependents and they are eligible to sign up for health care that is supported by the Department of Defense, as I know you aware. And if you look at the retired population, quite apart from much larger set of veterans Secretary Peake described, you look at the retired population, about three thousand military retirees live in the Insular Areas, exclusive of Puerto Rico again. And they have about five thousand dependents. And again, they are entitled by statute to health care supported by the Department of Defense. In short, their health care is also our concern.

Now Defense, as Secretary Kempthorne and Secretary Peake have already alluded, does play a role today. There's the wonderful program, telemedicine, operated by Tripler Army Medical Center. There's the tertiary care that it provides in the Region. There are the ship visits that the United States Navy makes with medical teams that provide immediate assistance. The real question is "What's the future role that you ought to ask the Department of Defense to play, what is appropriate for us to do?" I think what Secretary Kempthorne is challenging us to consider is what might be a conjoint effort in which Defense might play an important role. I do think our facility on Guam does represent a significant opportunity as we begin a conversation. We must soon replace the physical building in which our medical center is now housed. What should that look like and what should be its relationship to the Department of Veterans Affairs where Secretary Peake has already extended his hand in several locations to ensure that we work together as opposed to separately? And I do believe that's going to cause a revolution in terms of how we deal with medical care between the two departments over time. What should be the role of this new facility on Guam? We are committed. The Department of VA should be willing to work with others as well.

I look forward to hearing from you and learning from you, as Secretary Kempthorne suggested, in this summit the next two days, and to coming together, at least on the beginnings, of the new answers to these classic questions we can find. Thank you.

(Secretary Kempthorne) The Department of Health and Human Services is also a key member of this effort. Once again when I called Secretary Levitt, he immediately said yes. He saw the need, the priority that existed. He fully expected to be here personally as well and then one week ago during an evening call, he explained to me the circumstances that had come up and would it be understandable if he was not able to be here and I said, “Of course based on the issues that you’re dealing with, I fully understand that.” But the fact that he sent the Assistant Secretary for Health, Admiral Garcia who is a medical doctor, the background which he has had including Deputy Director of the Pan American Health Organization, Regional Office Western Hemisphere for the World Health Organization, all of the expertise that he brings to this and a native of Puerto Rico. So again, I’m very happy to have him here. Admiral Garcia.

(Admiral Joxel Garcia, Health and Human Services) Well good morning everybody. It’s a real pleasure for me to be here representing the Department of Health and Human Services. But it’s a bigger honor for me to be sitting at a table with three American leaders that have done so much for our nation. So really, when I received a call from the Secretary to actually replace him, I was very excited for many reasons. I, as a matter of fact, am supporting the Secretary in leading the effort in terms of global health diplomacy, and I am working out of the Middle East and Latin America. The Secretary himself right now is dealing with some global health issues as well, and so he sent not only his Assistant Secretary of Health to help here, but also the commitment that we’re going to be supporting in every possible way. And this is a very important meeting for us. The conference provides an excellent venue, fertile environment if you will, for information exchange and discussions among all the leaders here, and also how to inform the public and how to create policy in a much more efficient and effective way. This event is unique in the bringing together of Pacific leaders, Federal agencies, international NGOs, and other potential allies in an effort to find solutions to chronic health (problems) and to help the health systems here in the Insular Areas. That’s entirely appropriate for the health care service. Resource needs of each jurisdiction represented here are great, and they demand all of the attention we can give them.

Rear Admiral Ron Banks who actually works for me is the World Health administrator at Region IX, and I know he has been working with many of you for a long period of time, supporting the systems here. And we will continue. I had a conversation with him in California prior to arriving here, and we will continue working directly with all of you.

The collaborative effort which has gone into putting this event together is commendable. As a result of the work, we have a wonderful agenda. There will be a number of opportunities to identify potential partnerships for exchange in this summit. The interactions we have here, the decisions we make here would only strengthen what I consider, and what all of you consider, the strong ties between the United States and the Insular Areas represented here in the forum today. Both the Pacific Summit on Diabetes by HHS held in September and this summit on Insular Area health care are illustrative of those ties and evidence of our greater health focus on island issues.

Now, one of the things that the Secretary asked me was to challenge the interaction between all of you and the Federal agencies. We identified three possible ways and I will want to share with you. I'm going to be very brief for two things: first, I can barely speak English, barely speak Spanish, and so and you're going to listen to me at lunch hour, related to Telehealth. So at that time, I will talk much more. And if you give a Puerto Rican a microphone, we can be here forever as General Peake knows. But the three challenges that we have is that we want, (1) to create stronger ties with the United State agencies and reaching out to them for technical assistance, (2) to work with the US government guiding key policy decisions that may impact the Pacific, and (3) to look for a number of ways to partner with our different government agencies.

Later I will be talking about Telehealth, which is a broader aspect than just telemedicine. I'm looking forward to interacting with not only of all the Federal partners here, but the leadership from the Insular Areas as well, and looking forward to the conversations. God bless you. Thank you.

(Secretary Kempthorne) Dr. Garcia, thank you very much. To give us a perspective from our host, here in Hawaii, we have the eleventh Lieutenant Governor, Duke Aiona. I have had a variety of occasions to be with this man and they've all been positive occasions. One of the things in his background that I have great respect for is that the drug court system which has been implemented here, he really was the architect of that. I know how effective that is as we think of drugs and what drugs are to doing to our young people et cetera. So with that, Governor? And if you wish, Governor, you can just speak from there if it's comfortable.

(Lieutenant Governor Duke Aiona, Hawaii) Remarks: Secretary Kempthorne and fellow Secretaries Peake, Chu, and Garcia, on behalf of Governor Lingle and the people of the State of Hawaii, and of course to all of our distinguished guests here, to all of my fellow leaders here at the podium, we say, I can't say in all different languages, but for here in Hawaii, we say Aloha, and welcome, and good morning to all of you. As Secretary Kempthorne said, this is a very impressive group of leaders and representatives from the various Insular Areas. We here in Hawaii play maybe a little different role in the issues that we're going to take on today, but I want you to know we welcome that, we accept it and my comments today, I hope, are taken very constructively. I would like to lay out for you the facts as we see it here in the state, the challenges that we see here in the state and, again, I want you to take it very constructively. Please do not take it for any minute that we here in Hawaii do not have the Aloha for all of our brothers and sisters in the Pacific Islands. First after all, we are all one big Ohana (family).

I'd like to first of all, start off with some of the numbers that we have here. In regards to what I call COFA, a Compact of Free Association, and I don't need to go over the history of it all, but suffice it to say that here in Hawaii we receive on an annual basis about \$10 million for COFA. The impact that we have from our brothers and sisters who are coming here from Micronesia and the various different nation-states is as follows: in the area of medical assistance, in cash assistance, this is for the year 2007; the State of Hawaii expended \$39.2 million. In the area of immunization and health screening costs,

the State of Hawaii spent \$3.1 million. In the area of educational costs, the State of Hawaii expended \$45.8 million. In the area of housing and incarceration, the State of Hawaii spent \$2.9 million. Well that's the financial impact. I'd like to, if I can, move on to I guess what I would call services and give you a little update on that. In regards to services, our housing concerns are COFA migrants make up a huge portion of our homeless shelter facilities. In fact, from the year 2001 to 2006, our COFA migrants have increased our homeless population threefold. In 2006, 1,119 COFA migrants received homeless shelter assistance. The estimated cost, as I mentioned earlier, and if I didn't mention earlier, for the year 2007 was for \$5.9 million. Now in the area of health concern and this is something, you know. I read the report from the Solicitor General and Secretary Kempthorne said it was sobering. I'd like to say it was outright spooky and very, very depressing. But in any event, for our health concerns, the average tuberculosis, TB, rate for Micronesian immigrants, or COFA immigrants I should say, is 127 per 100,000 people. Within the Pacific jurisdiction that has come out to this, 61 out of 65 new TB cases come from our COFA nations, 61 out of our 65 new cases. From FSM and RMI, because of their late entry into prenatal care or lack of prenatal care, and need of STD screening, this has resulted in the highest infant mortality rates that we have experienced here in Hawaii.

Now these are the concerns that we have here in the State of Hawaii; these are the challenges that we meet here in the State of Hawaii. And as part of this, in addition to this, our plea to Interior is that, and the Governor (Lingle) has made this an issue in prior dates, I raise it again so that since we have a captive audience here in the Secretary, in regards to census for the years 2000 and 2005, as I said Governor Lingle made this request in 2003. We believe that there was a significant undercount in the census of our migrants from COFA states. And we believe that we can make a tremendous impact on that through our assistance, so we have laid our hands out. We've said that we want to be a part of it. We know that in Guam they had a big part in taking their census. We here in Hawaii did not have that opportunity. We have asked for that opportunity. We wanted another census taken before 2008. And that's one of our big requests to Interior to help us to get the census right because we believe that part of the funding is determined through the census that is taken, and we want that to be accurate so that we can get our fair share of the financial assistance that is so dearly needed. Now I know we are working on solutions to some of these problems. For instance, I know that we are requiring, I should say we are working on a requirement, to have our migrants screened appropriately before they exit the COFA states and come here to Hawaii.

But I think more importantly, what I'd like to share in closing with all of you is something that is really fundamental I believe, to the problem that we face here today. I know the majority of the conversation; I should say the crux of the conversation here is on facilities, health facilities and the delivery of health care and rightly so. But I think the problem is much more fundamentally approached and can be, in some ways, addressed. What I'd like to do is just share a story. And this is a story that was relayed to me at one of our community health clinics here on Oahu. And this wasn't very long ago. In fact, I believe, if I'm not mistaken, this was within the past year. We quite frequently take visits to our community health centers to see how they're doing, to listen to their

concerns, and to see if we can be of any help in regards to, whether it's finances, services or just getting the message out, in regards to what they're doing. And they related to me that the increase of migrants from the COFA states has been steadily increasing. They've been seeing more and more patients with various degrees, but particularly in regards to diabetes and respiratory problems. Most of the concern in the care lies in that area. They mentioned to me how, first and foremost, they had a difficulty communicating with many of these migrants. As you know, within the Federated States of Micronesia they have several dialects and they're not all, I would say, easy to learn and comprehend. But needless to say, we worked through that issue day in and day out here in Hawaii. So they have enlisted the assistance of interpreters, people who will help them in communicating with our COFA migrants. Well, they have several programs at our community health clinics besides just general health care. In other words, where they take the temperature, they prescribe medicine, and so on. They have in fact, embarked on a very aggressive what I would call, preventive maintenance health program, and that's, in the basic term, exercise. And they've really made that a big part and worked that in their program. And I know that word "exercise" should be universal to all of us in this world simply because it's something that's free, it's something that we should all comprehend, and is something that we all can do, even those who have physical and mental challenges. We can embark on some type of exercise.

Well unfortunately, I don't know if unfortunately is the right word, but they expressed to me, and I can't remember which state or nation this was, when it came to interpreting this term "exercise", it wasn't found in the vocabulary. So, as such, they couldn't express and outline this word exercise for our brothers and sisters from our COFA states. So as such, they had no exercise program. They didn't understand what exercise was, and as a result, I think that is one of the problems we see in our health care and our access to health care. So, being as creative and innovative as they were, they worked through the problem. What they did was they have some vacant land up in the valley that the use to grow vegetables and fruits and what not, and so what they did was they carved out a little section for this particular segment of the community and they said, 'This is your garden here. You will grow fruits and vegetables that will help you, not only to exercise but also to understand what it means to have a proper diet.' So my suggestion is, and I know this has been said many times, but again, I firmly believe that you can't say enough of this or speak in favor of it and advocate it too much. But a basic preventive measure that we can all implement in every single one of our states, in our nations, in our territories, in our communities, in our homes, is diet and exercise.

And I hope that little story illustrates what I believe to be one of the fundamental solutions to the problems that we now face when it comes to health care and facilities we see here in Hawaii. We work on it each and every day as best as we can. But being the leaders that we are, and having the ability to be a little more sophisticated in the sense of education and worldly travel, I think we should all take up this mantra and this leadership of being fit and eating right. It's not all about eating organic fruits and vegetables and/or meats; it's just about being smart in what we take. But it also means carving out a few minutes in your day. And I understand we all have busy schedules, we travel a lot, we do a lot of different things to take up our time. But for any of us to say that we can't carve

out maybe thirty minutes a day of walking, of stretching, whatever it may be to exercise, I think really, really belittles the problem. I should say, belittles our ability as leaders. But more importantly, it takes away our effectiveness to add solutions to this problem.

So I know you've heard all of our concerns. It does come down to financial resources in many instances. I know we have a limited amount of that. I know the tug-and-pull going every which way but if we could just make these small adjustments to what we have, I think we'll go a long way. Again, I want to thank all of you for being here today. I want to thank our leaders up here today who are going to make a difference. And to all of you, I say have a great day here in Hawaii. We thank you for coming here to this beautiful island of ours, enjoy our spirit of aloha, and God Bless you all. Aloha.

(Secretary Kempthorne) Lieutenant Governor Aiona, thank you very much for your comments, your perspective. Type 2 diabetes, adult onset diabetes, is now occurring routinely in six year old children. Little children are being diagnosed with high blood pressure and medication because we are becoming a sedentary society. If you look at the Center for Disease Control, all of the trend lines, chronic illness are on the upswing and yet routine hiking, biking, and fishing are on the decline. It's something that is. Our trend lines are going in the wrong directions. But this'll be an appropriate time for us to take the advice of the Lieutenant Governor and take a break, we're going to stretch and when we come back, we're going to hear from our island leaders, so we'll take a ten minute break. Thank you.

AV 09.29.08 HS 2: President Mori's Opening Remarks to Intro of Governor Camacho

(Nikolao Pula) That would be great. And now that everybody is seated, I'll turn the time over to Secretary Kempthorne.

(Secretary Kempthorne) Thank you all very much. It's my pleasure to introduce the president of the Federated States of Micronesia, President Mori. All the bios we have, and so in my introduction I'm going to simply refer to the experience that I had in their respective beautiful islands. In Micronesia, to have been able to visit Nan Madol, which is an incredible, incredible structure, built some thousand years ago and today, we still don't know how they did it. The fact that it's basalt stones, carved of what; we don't know how they did this. It was just incredible. Admiral French, you would agree with this. And then we stayed in Pohnpei at the Village - these beautiful huts that overlook that lush vegetation, the night sounds. I mean it's just beautiful. And the people that were there, the meeting that I had, Mr. President, with you, the wonderful evening event which we had, which you were so gracious with your hospitality. It left very, very positive memories. With that, President Manny Mori.

(President Manny Mori, FSM): Thank you very much, Secretary Kempthorne. With that introduction, maybe I should ask our friends who have not visited the Federated States of Micronesia to please visit our islands, it's a little bit different from the metropolitan cities that you have visited. But thank you very much. Secretary Peake and under Secretary Chu and Dr. Garcia, thank you very much for the opening remarks that you've given this summit; a direction in which we're going to move. I also like to recognize the presence of my friends here, the President of the Marshall Islands, President Tomeing, and Vice President Chin, the Lieutenant Governor of Hawaii, who spoke already, the Governor of American Samoa, Guam, the Northern Marianas and the Virgin Islands. I take this opportunity to express my government's sincere appreciation to you, Mr. Secretary, and Secretary Leavitt who is not here, who was supposed to be here as scheduled, for convening this summit to address the very important subject matter. Health is a top priority issue for us in the Federated States of Micronesia. A continuing challenge throughout the nation, for the FSM, the summit could not have been more timely and I suspect we would hear more statistics that would come out on the migration of our people in all the areas like Hawai'i, Saipan, and Guam. And I thank the governors and the people of the islands as hosts to our people who are migrating to these wonderful islands. And just by convening this summit it is already a success because today we hear on one side the amount of money that has been given to us but, on the other side we will also hear the numbers of challenges that came out from our brother in Honolulu, Hawai'i. So it's very timely. I thank you, Mr. Secretary, and the conveners for their excellent arrangement and the hospitality extended to me and my delegation.

More than a hundred years ago, our islands were once free of diseases as we know them today. But the past is gone and the times are changing. Therefore we need to face the reality of the present. My presence at this summit underscores the importance that we in the FSM attach to health care. Our participation here acknowledges the following

principles:

4. First, that it is a fundamental government responsibility and mandate to provide affordable quality health care and ensure the welfare of the general public.
5. Second, that collaboration and resource sharing is critically important in this day and age of globalization.
6. And third, to be successful, a health care system should include a sense of personal ownership and for each of us to be held conscious.

And I thank the Lieutenant Governor (of Hawaii) for already saying or expressing clearly what that is. Accordingly, we at FSM acknowledge that the health of a community or a nation is critically vital to its economic progress. Our socioeconomic government efforts are apt to falter when the health of our labor force is not adequately provided. Indeed, when the general welfare of our families and communities are consigned to the back seat, governments cannot stand sustainably on their feet and be productive. Nor can the private sector prosper when the health of the people is not secure.

The high priority that the FSM government has given to health issue is reflected, in part, in the reorganization of my administration, the Executive Branch. By creating a separate department that deals specifically with health issues, our intention is to enable the department to concentrate and sustain its focus on matters relating to health and the social wellbeing of our population. The FSM is a federation and that is one of the reasons why things are a bit different and more difficult, because the states have distinct formulation of policies with respect to health care. It is comprised of hundreds of small islands with small populations scattered over a vast marine space. The geographical configuration of our country is in itself a formidable challenge. We need constructive help in overcoming this challenge of the delivery of essential services to our people residing in the remote and rural areas including many outer islands in the region. And Secretary Kempthorne has already articulated the many challenges that we have, especially in my state of Chuuk, thank you very much for that.

The Federated States is not spared from the diseases of lifestyle, or the choices of diseases. Diseases resulting from individual choices that could have been avoided through proper dieting, physical exercise, personal hygiene, as well as by outside intervention as a community support network. We are suffering from the illusion, for instance, that canned tuna is better than fresh tuna that is abundant in our waters. That turkey tail and imported chicken are superior to locally raised chicken. That Coca-Cola is higher class than coconut juice and even pure water. One of our real challenges is to create a more health conscious culture, a community of people committed to the belief that preventive care is the best health care. No one is saying that the task would be easy, especially when we know it would require major behavior modification and lifestyle adjustment. But we believe that the long-term benefits would far outweigh the short-term inconveniences.

We do welcome the findings of the recently released report by the Interior's Office of Inspector General. The report points out that the inadequacy of health care facilities is

but one side of the many-sided problems of health care delivery in our islands. The short supply of health care professionals is another critical problem that is exasperated by the real difficulty of attracting and retaining health care professionals or specialists to the FSM. One immediate result of inadequate facilities and health care specialists is that we have been spending large sums for medical referrals, in excess of \$10 million annually. This does not include the cost of treating our other citizens who have been leaving the FSM in search for better medical treatment in Guam, Hawaii, CNMI and the U.S. mainland. While we are grateful for the assistance extended to us over the years, it is our interest that we combine our efforts to combat these challenges and concentrate on the root causes, rather than applying Band-Aids to the symptoms. In this connection I am pleased to note that the FSM is working very closely with the Office of Insular Affairs to launch a massive infrastructure project of building and renovating the hospitals and dispensaries throughout the FSM. We must have fully functional facilities and an adequate supply of drugs so that the overwhelming majority of our patients can be treated in our country. But would it be more economical to build a national hospital or perhaps a regional medical center staffed with specified doctors to deal effectively with critically ill patients? This concept has been floated with our neighboring governments and we believe this is one way to minimize our escalated referral costs and the exodus of our citizens to off-shore destinations in search for better health care services.

7. First of all, building and renovating clinics is the correct direction to take, a direction to which my administration is committed. But what good would the health care facility serve if they are not operational, cost effective, and staffed with professionals? Furthermore, what good would the facility serve if the resident health workers are not given the right tools to work with and the necessary training opportunities available to them?
8. Secondly, while we concur that there are no simple solutions to the many health care problems, I am pleased to relay that the FSM has embarked on an initiative to bring broadband connectivity throughout the country. Telemedicine, or e-health, along with distance learning and e-commerce are some of the main uses that we envision for the submarine fiber-optic cable project. Agreement has already been reached to link up the state of Pohnpei to the U.S. fiber-optic cable that will run from Guam to Kwajalein in the Marshall Islands. It is the high priority of my government to expand the broadband connectivity to the other three states at the earliest time possible. It is our belief that acquiring broadband fiber-optic capacity will significantly improve the delivery of health care services to the many remote and rural areas of the FSM at greatly reduced costs. With fiber-optic connections, the FSM would be in a position to participate in specialty care consultations that would minimize our medical referrals. Not only would it put our nurses and general practice physicians in immediate contact with health care professionals in distant places, fiber-optic cable would also improve our report giving and medical records and, in doing so, minimize the potential dangers or errors of judgment. Accordingly, we applaud the government of American Samoa for its decision to go fiber-optic and would welcome any practices in telemedicine and e-health that, along

with Guam and the CNMI, American Samoa can share with us. We applaud the Department of the Interior for the assistance that it has provided American Samoa for its fiber-optic project. The Department's engagement in American Samoa's fiber-optic project is very encouraging and, indeed, shows that the Department can be creative, innovative, and constructive.

9. Third, in addition to the ICT, in our public health sector we also believe that there is a need to integrate appropriate elements of traditional healing practices into our overall health care system. This requires that we protect our biological diversity and regenerative resources including traditional knowledge respective to health care. In doing so, it is our hope that health care can be further strengthened, and sustained to some extent, by our local resources given the priority that we attach to the principles of sustainability.
10. Fourth, my government is looking at the idea of privatizing some parts of our health care system as a way to enhance productivity and efficiency. We do not anticipate that privatization can be done overnight, but we feel that it might be worthwhile to further explore the concept along with the idea of outsourcing, particularly the concept of coordination or coordinating the procurement of our medical supplies and drugs in bulk.
11. Fifth, as previously mentioned, the cultivation of health conscious citizenry is another possible remedy for our many health care problems.
12. Sixth, and finally, we believe that we need to better manage our resources. We acknowledge our challenges, but at the same time we are committed to the high priority that we've placed on health care. Health care is one of the two high priorities in our relationship with the United States under the Compact of Free Association. This is backed up by financial arrangement and some of the funds that have been committed to health care have been mentioned by Secretary Kempthorne.

In short, there is an arrangement in place that could be used to address some of our problems. The problem is not so much limited funding, but it is the management of the resources. I wish to conclude by reiterating my sincere appreciation to our hosts, for convening this very important and timely leaders' health conference. I'm encouraged that with a strong sense of partnership we are able to sit together to discuss and seek solutions to the many health care issues confronting us. With that spirit of working together as partners, I'm confident that we would be able to successfully seize the opportunities and combat the challenges that will be discussed throughout the summit. I thank you very much for your attention.

(Secretary Kempthorne) President Mori, thank you very much. I believe he has helped sketch a real view. We're talking about connectivity. The fact that Chuuk would be connected, we talk about connecting that with Guam. As you recall from my opening statements, I went into a little bit of detail about Chuuk. Because we can have

connectivity, we can make it part of the 21st century. But if you don't have running water for three days in that climate with 61 patients, and you have to consider closing the hospital - see the paradox? When I've met with these hospital associations and asked about this concept of partnering, the initial response was, "Of course! We can actually give them some of the equipment that we no longer use because we have the next generation." But my observations are in some areas, it's not just the equipment, we can use mop heads, we can use antiseptic, we can use a variety of things, and supplies. So it is this convergence of the 21st century with the realities of what we're dealing with in some of these hospitals.

With that I'm going to call on President Tomeing, who took office in the Republic of the Marshall Islands in January. He comes from a background of teaching, being a principal and teacher in government service. I will tell you that in my visit to the Marshall Islands, Kwajalein, as I believe Dr. Chu pointed out, is very important to the United States of America. Ebeye, which is about 10 minute's boat trip from Kwajalein, one of the things I did there was shoot some hoops with the kids on the island. At first they were really quite shy, but if you can shoot a few hoops. But here's what I saw on this discussion about being healthy and exercise...you ought to see their basketball court. It is in dire need of help. You have partial backboards; you certainly don't have nets. So when I got back United States, I called the National Basketball Association. I said, "I understand you have an outreach program, how about reaching out to the islands?" The red tape that we're supposed to go through...incredible! So I mean, this again is...we talk about exercise and as we drive by a dilapidated basketball court where the kids are trying to play, going to a hospital that doesn't have a backup generator. So this is where I think that our creativity, using the CB's, using our resources that some of the funds just need to go towards some of these activities to help the children to have an opportunity when they're outside to exercise.

I just want to point out, Mr. President, before I turn to you, that I know that on September 16 there was a very tragic automobile accident and the beloved Mayor of Bikini, Kataejar Jibas, was in that automobile accident and is now paralyzed in the mid chest down. So on behalf of President Bush and the administration, our thoughts go out the Mayor and his family. But, Mr. President, you're coming in at a very important time and we congratulate you for that and look forward to your leadership. Mr. President.

(President Litokwa Tomeing): First of all, allow me to thank you, Secretary Kempthorne, for your kind invitation to attend this summit. I also would like to say how happy I am to meet your colleagues, Assistant Secretary Garcia, Secretary James Peake, and Defense Under Secretary David Chu. I extend my greetings as well to Lieutenant Governor James "Duke" Aiona. As always it is a pleasure to meet again with my colleagues from the Federated States of Micronesia, President Mori, and President Chin from the Republic of Palau. I extend my sincere greetings to the distinguished governors of Guam and American Samoa, and representatives from CNMI and the U.S. Virgin Islands, and representatives from the various agencies.

Mr. Secretary, summits of this kind serve a particular useful purpose. They force us to

take stock of what we have been doing and to see whether we had been doing them right. They enable us to see which approach works. Which one works, is difficult, needs further assistance, or does not work at all. They serve as an opportunity for us to bounce off ideas and to learn from the experiences of each other. Indeed we may learn that certain Federal guidelines for the implementation of some programs may be too rigid and need to be modified to allow for flexibility on the ground. But unless we take time off and bring these things to the table, we will continue down the path under the mistaken belief that we have been doing everything right. This summit provides a unique opportunity for us to examine our problems and to seek practical solutions. It is for this reason, Mr. Secretary, that I wish to propose that suggestions for solutions put forward in this summit should be carefully noted so that prevailing problems or constraints can be addressed. I would even propose that a statement of an agreement course of action be signed by those leaders participating in this summit. Mr. Secretary, I am grateful that you have all also invited Minister of Health and the staff to participate in this summit. Indeed they are our front soldiers. When I remarked earlier that we should find out what works and what does not, they are the people who know.

I have no misgiving whatsoever that our health care system has made significant strides in addressing many of our health concerns. But whatever gain we make in one area, the challenges in other areas are simply daunting. The Marshall Islands are facing the double burden of rising rates of chronic disease. Diabetes, hypotension, cancer, obesity and malnutrition are widespread. Sexually transmitted diseases, tuberculosis, and Hepatitis B are prevailing. Add to this sense the total fertility rate of 5.7% and growth rate of 1.5%, and we can begin to get an idea of the looming size of the problems relative to our capacity to manage. Add further the threat arising from the continuing decline in Compact funding, and the emerging picture is not very encouraging. The terror of cancer, particularly cancer of the cervix, breasts, and lungs is ever present in the Marshall Islands and ranks among the top five causes of death. While some of the risk factors of cancer cannot be controlled, others can.

Our health system is currently facing some very grim problems in the area of medical profession human resources. Our whole country has only thirty-five doctors, a ratio of one to every 1500 people. Of the thirty-five, seven are Marshallese and twenty-eight are recruited expatriates. Of the seven, only one is below forty years of age and one dentist is below thirty years. Unless a commitment and well thought out manpower plan is put into action soon, we may face a situation in which no Marshallese doctors will be found in the medical workforce in ten years. A similarly acute manpower shortage can be found in other health related fields including nursing, dentistry, lab technicians, and data analysts. At present, a substantial percentage of human resources in these specialized areas consist of expatriates. While the quality of service provided by expatriates is most welcome, we are looking at it as a necessary and termed arrangement. We have already embarked on laying the priority groundwork to address these problems and hope to officially launch a more comprehensive plan by 2010. Beginning with the strengthening of the teaching of science, mathematics, and language at the high school level, we hope to lay a strong core foundation for students inclined to seek a career in medicine or other health-related field. Given adequate financial resources, we anticipate that at least four

students per year will take up studies in the medical field and four students in other health fields. Thus, between the years 2017 and 2022, not less than fifteen to eighteen Marshallese will have completed their medical studies as doctors. Similarly, within the same timeframe, from 2013 through 2022, approximately 30 to 40 students will have graduated or will qualify in a variety of health fields. The telemedicine arrangement between the Tripler Army Medical Center and Majuro Hospital has proven to be immensely useful technology. If a similar or modified arrangement can be found to link Majuro to outer islands health center, a great deal of our problems resulting from vast distances would be solved.

Year after year there are the same challenges related to the need for adequate facilities, equipment, and their maintenance. The need for a 127-bed hospital on Majuro as well as upgrading health centers on other islands is critical. Sustaining necessary standards of maintenance for expensive equipment is equally imperative. Yet we do not have the funds to either carry out these initiatives or the trained and skilled manpower to conduct prevailing maintenance.

Mr. Secretary, the necessary purchase of drugs and medical supplies has proven to be excessively expensive. Perhaps it would be of collective interests to explore joint bargaining arrangement with neighboring countries to discuss the concept of bulk purchases of medicine. Whether this is medically sound, given our contacts, has yet to be studied. But I do hope that this is given some serious thought in the summit.

A unique challenge to the Marshall Islands concerns the effect of injuries and illness sustained by victims of the nuclear testing program. I wish to say that even as I speak here, there are people in my country who are dying or suffering as a result of the testing program. Many of them have not been compensated as the fund has been exhausted. Many have died without receiving adequate compensation. This is our reality on the ground. My sincere hope is that a fair and amicable solution can be found to address these ever present problems once and for all. Mr. Secretary, I take this opportunity to express my appreciation to Senator Jeff Bingaman and his colleagues in the Senate for the consideration they have given to Senate Bill 1756. We are all for this initial recognition by the Senate Committee on Energy and Natural Resources. It is a step in the right direction and will constitute the basis for future constructive discussions. We ask the administration to give the Bill its due support.

The challenges facing the Marshall Islands are complex and overwhelming. Solutions for the remedies are likewise complex. Nevertheless, we are confident that with the right strategies sustained by adequate resources and backed by sincere commitment we can achieve, what we have set out to achieve for the betterment of our people. In closing, Mr. Secretary, thank you once again for this opportunity for the Marshall Islands to participate and voice its concerns. I look forward to endorsing a statement encompassing our collective decision from the summit. Komol tata. Thank you very much.

(Secretary Kempthorne) President Tomeing, thank you very much for your comments. Vice President Chin is with us from Palau. The Vice President has a distinguished career

as a highly decorated soldier. Twenty-three years in the United States Army, he retired as a lieutenant colonel. Vice President Chin asked me when I was going to come back to Palau and ride the Harley again. We rode around the Compact Road, which was nearly complete; there was one section that was not quite done. That's when the monsoon hit, it was very slippery and muddy but we came to one small village and at that point, we were a little behind schedule. And I was told will this is be a five minute stop. When we entered this small village, the entire village had turned out. They had prepared beautiful food. All the children from the elementary school were there in their little athletic uniforms. They then sang a song to us. We planted a coconut tree. Needless to say it was not a five minute stop. The warmth and hospitality of these wonderful people. Jellyfish Lake, the Milky Way, the Milky Way has this, I don't know what it is but it's a substance that you get from the bottom of the ocean and you put it on your face. That's why I look like a twenty-five year old. Vice President Chin, if you would please give my greetings to the President Remengesau and we look forward to your comments.

(Vice President Elias Chin, Palau) Thank you, sir. By the way, the Compact Road, Mr. Secretary, is completed so next time you can ride your Harley all around the Republic of Palau.

Secretary Kempthorne, General Peake, Dr. Chu, Dr. Garcia, distinguished guests, ladies and gentlemen, good morning. On behalf of President Tommy Remengesau, I want to thank you, Secretary Kempthorne, for hosting this important summit. I also want to greet my fellow leaders from Micronesia, Hawaii, Guam, and senior officials from the Departments of Interior, Defense, Health and Human Services and Veterans Affairs. I look forward to our dialogue during this important meeting.

The health of Palauans and, for that matter, the health of all citizens of Freely Associated States is important to each nation represented here today. The health of society reflects the health of a nation. If citizens are ill, they cannot work. And if they cannot work, they cannot be productive. And if they cannot be productive, the society will falter and the economic problems will begin to emerge. It is more complicated than this, but the concept is very valid. And I believe this is the basis of this summit meeting.

Mr. Secretary, I have looked at the report from your Inspector General, and I think it might be too severe in some instances. And I want to add that I'm not sure that our health care is abysmal as your report indicates. The terminology and conclusions seem too hard. We and other Freely Associated States make the most out of what we have. We are doing the best job we can with the resources at our disposal. It is, Mr. Secretary, as simple as that.

To do a better job, we need more resources. Our health care system in Palau is good and thanks, in part, to support given by the United States. Still, as your report indicates, more needs to be done. Simply put, we do need doctors and more medical specialties. With more doctors, we need more nurses, but who are these professionals to be? If they are to be Palauans, which is my goal should I get elected as next president of the Republic of Palau, they need the proper education, training from elementary school through their

college and professional training. To do that requires that our educational system be improved alongside of our health care programs. The alternative is that we can continue to hire medical doctors and health care professionals from abroad. This is what we have done in the past and probably will continue to do in the future. Nonetheless, there are a number of talented Palauan doctors, one of whom is here today, Doctor Stevenson Kuartei who is sitting back there. So we can have Palauans treating Palauans. And I think that is the ultimate goal of our health care program.

It is also no secret that our health care system needs to have access to state of the art medical equipment, laboratories, and facilities if it is to provide better services. Certainly we are moving in that direction with help from the United States and other countries. Let me give you a few examples. First, the European Union has funded construction of an emergency pier with helipad as well as an emergency treatment facility. This project is now underway. Once complete, it will allow water access to the hospital as well as provide more space for medical treatment and medical wards. Another example comes from Taiwan. Now this country is often at odds with China and has been a close friend of Palau for many years. Taiwan has funded educational scholarships for graduate students, one of whom is in medical school here in Hawaii. Other countries have given Palau similar types of support. However Secretary Kempthorne, we still need assistance from the United States if we are to bring our health care program to a higher level. As your report indicates, many Palauans are referred to hospitals in the Philippines or to Tripler Hospital here in Hawaii for specialized treatment. I would like to be able to treat many of those people in Palau. However, I realize that nearly every hospital in small U.S. communities of 20,000 people has to refer patients to larger facilities for specialized heart, cancer, or other specialized care. Your report seemed to miss this point and I want to bring it to your attention. Sometimes we do not have the tools or money necessary to adequately treat serious diseases. For instance, Palau recently had a Dengue fever outbreak. This disease is life threatening and is spread by mosquitoes. To combat it, many of our communities organized clean up efforts to eliminate mosquito breeding areas. I can report that this cleanup program was successful, but we also should have sprayed insecticide to destroy existing mosquitoes. We didn't have enough funds to be able to do this during the emergency. The cost to purchase insecticide is money that we simply do not have, Mr. Secretary. And if the United States or other support could have provided us with funds to purchase the necessary spray, or donated the spray itself, the Dengue fever outbreak could have been dealt with much more quickly. That outbreak is an example of how we can do better. But to do so, we need access to more funding, more specialized medicines, and treatments as well as other supplies such as insecticide spray to really be effective.

One of our concerns is the referral program to Tripler. When someone is accepted for a referral, the results are typically excellent. However getting accepted for treatment at Tripler can take a long time, and during this time the patient suffers. To be accepted to Tripler involves being considered by a panel of health professionals in Palau and then being accepted by Tripler. This is a slow process. Mr. Secretary, we need a speedier referral process so that people with illnesses that cannot be treated in Palau will know more quickly if they would be able to receive treatment here in Hawaii or if they have to

find other sources. Often the referral program takes months, and I believe the process is just too long. Sick people need to know as soon as possible if they may be able to go to Tripler, and their treatment must be decided upon in a timely manner. I solicit your help in shortening this process.

Our hospital provides the best services it can, but sometimes we need more and just cannot help. For instance, the hospital has a decompression chamber that has not been certified for use in treating the decompression sequence. As you know, since you visited us last year Secretary Kempthorne, Palau is a diver's paradise. We get over 60,000 divers every year. I'm concerned about someone getting the bends and not being able to be treated simply because the chamber is inoperative or not certified. If one of the results of the summit is a commitment to get the chamber certified or recertified, I would be very pleased. And if more can come out of this important summit, than not only would I be happy, but the people of Palau would benefit. It is this result that should really be the focus of the summit, to improve the support system that exists between departments and the countries represented here today. I know that those of us who are here today and tomorrow can reach this goal, and I urge you Mr. Secretary and everyone here to focus on these for the remainder of the summit. This meeting represents an opportunity for all of us to talk about issues and concerns about health care support for freely associated states. I'm looking forward to our discussion and making progress on various topics that are on the agenda.

The discussion of a wide variety of issues is something that affects each and every Palauan and each and every citizen of the freely associated states of Micronesia. I solicit your support, Mr. Secretary, in finding resolutions for every item on our agenda and addressing all concerns that may be expressed by freely associated states during the summit. Many of those issues have come from your (OIG) report. I ask you to listen to comments and concerns and consider them in making policy adjustments.

I know that we have a full program ahead of us. But before we begin, I would like to again express the deep gratitude of the people of Palau for the assistance the United States has given our nation, especially in the health care area. It goes without saying that the Republic of Palau has a strong bond with the United States, and it is this bond that would make efforts such as this summit successful.

(Secretary Kempthorne): Vice President Chin, let me reciprocate your appreciation to the United States with the appreciation of the United States to you for your service to the country, 23 years as a U.S. veteran. Also, on the hyperbolic chamber, I am very aware of that. And that's the sort of pragmatic item that should be on the "to do" list. We need to identify what are the critical infrastructures because if somebody does have the bends, then I'm under the impression there really is no substitute for that. When we were in the Virgin Islands, we went into one of those chambers to see what it looks like from within. So, I appreciate that.

Let me now introduce the Governor of American Samoa, Togiola Tulafono. This is a gentleman that I just have great respect for. When I went to American Samoa, which is

beautiful as all the islands are, there was a particular ceremony which he took me to which apparently is a ceremony that has gone on for centuries. You go into an outdoor pagoda and you are seated at the end on the ground, and you have then a circle of Paramount Chiefs. Surrounding the pagoda and facing outward are warriors who protect their Paramount Chiefs. These Chiefs then discuss this new traveler to the island and what they should do with him. It's very animated. It is in their native tongue. Togiola is seated next to me, and every so often he would update me on how it was going. I remember on one point he reached over and said, "It's not looking well for you." As I said, it is highly animated. Ultimately they decided that I was okay and, in fact, they bestowed upon me the title of chief, Pulelei'ite, which is a very, very high honor. And in my official correspondence back to American Samoa to this day, I sign, Secretary of the Interior and Pulelei'ite. So with that, Governor Togiola.

(Governor Togiola Tulafono, American Samoa): Thank you very much, High Chief Pulelei'ite. Pulelei'ite has conveniently left out the part where he asked me where all that smoke was coming from. I didn't want to tell them that there was a fire burning behind the house awaiting the decision of the Chiefs.

If I may continue along that vein because I think this is going to have some relevance to the discussion that I will present. The High Chief's title Pulelei'ite is a combination of three words: "Pule", means the ruler, "le", the, "i'ite", foreteller. I'm explaining that because I think the vision of Secretary Kempthorne to convene this summit is his ability to foretell and to look towards the future and determine how the Pacific is going to receive health care, take care of their people with adequate health care. And I want to thank Secretary Kempthorne for living up to his high chief title name of having the ability to see that vision and to bring us all here together. I want to bid welcome to Secretary Peake and the gentlemen at the head table and to all my colleagues here, Excellencies, ladies and gentlemen, all the distinguished people present here today, Congresswoman from the Virgin Islands.

About 48 years ago, a young American writer who was passing through American Samoa on a once a week flight of Pan-American, some of you young people who are less than 30 years old probably don't even know what Pan-American was, that was the only airline that used to fly to Hawaii and through the Pacific, was on his way to Australia and he took a trip around American Samoa because it was known as a United States territory. He went back and wrote an article published by Reader's Digest, and he entitled that: "Americans Samoa, the United States Shame in the Pacific". Because what he wrote about: the state of education, the state of health care, the state of government service, was so deplorable, that article got the attention of the President, and the President then appointed a new Governor and sent him to American Samoa to look around and bring back a report.

After that (report), a new hospital was built; new consolidated schools were built instead of the Samoa Fales where our children used to go to school; new roads were built; a brand-new hotel, Inter-continental hotel was built; a new airport was built. It was a renewal because of the article.

As I was reading the report by the OIG, I was at first upset at the title of that report, the crossroads of a total collapse, breakdown. But as Vice President Chin was talking about, I was a little upset because it highlighted all the bad things that were in the islands but it talked very little about the efforts and the successes. In the case of American Samoa, I would be talking about the fact that some of the wards, and we are continuing the effort to renew those and modernize them, are just as good as any in the states. And I think some of you who have been there can testify to that. None of that showed up. The fact that American Samoa is the only jurisdiction that had worked with the Veterans (Health) Administration to bring in the Vista Patient Information System that is now operable between LBJ and our medical clinics under the Department of Health and tracking the treatment of patients throughout the hospital and outpatients. The fact American Samoa has had telemedicine capability since 1998. Although limited, we introduced it to try and help with the consultation and training for physicians, nurses and staff. The fact that we're just beginning to work out to receive benefits as an underserved area where certain physicians will qualify for forgiveness of their loans, and other good things that are happening just didn't quite make it. But then I thought, "Well, look at what Clarence Hall did. He inspired change." So, when you say that we are at the crossroads of a total breakdown, to me it means that we are there and the question is, what we do about it?

In the last IGIA meeting in March 2008 in Washington, DC, I raised the question and the issue because when we opened the Veterans Administration Outpatient Clinic in American Samoa we were very grateful. And we made sure that we let the VA know about that because our Congressmen fought for that for a long time, previous governors fought for that for a long time. Our veterans, our retired veterans who chose to come back to American Samoa, just were not getting service. And now I only have two minutes and I have one more of hour of notes. I proposed that the Veterans (Health) Administration and the military sit down with us and find a way where we can work collaboratively in operating our Medical Center (LBJ). We're very willing to build and maintain the facilities if they would just provide the professionals that we cannot seem to attract to American Samoa. We try very hard and even trained our own a young people as doctors. But as soon as they graduate, get their specialties, and get offered a salary of \$200,000 from some other medical center, goodbye. They're not coming back. That happens. I'm sure that's the case in other Pacific islands as well. We just simply cannot compete with the other medical centers and other hospitals. What do we do about it? We try to get on by training some of our people at the medical school in Fiji, and that's a very daunting task because to certify those medical officers to become physicians we require them to take the USMLE. And I'm sure if any of you have kept up with the news, I'm having a big fight with those guys because I'm trying to enforce the regulations and they don't want to take the test. But it leaves us in a vacuum because of that.

Our veterans are not being serviced adequately. They have an excellent outpatient clinic, but when they are sick or have a heart attack we get to treat them by our medical officers. Where is the Veterans (Health) Administration at that point in time? Nowhere. When reserve soldiers get injured in training exercises or gets sick, the family brings them to our medical center. We treat them. There is no service by the military. So this is the

solution we offer, they provide the professional help because we cannot get them. So what do we do from this point forward? I found that there is a county hospital in Georgia that is staffed and operated by the Army and I brought that to the attention of these folks. Why can't we do that? Why can't they help us that way? Where they treat military personnel and at the same time treat the civilian population. Can we do that? I think it's a good solution.

We're going to have troops in American Samoa; some of them are now facing very difficult medical problems because they are now in their second round of deployment. And it's a problem for us. We're not getting the services our veterans and our people deserve. And we also need to cooperate in these areas so that we can get service to our people as well.

We are working very hard to upgrade our facilities and improve our services. The issues are that we can't get the specialists, we can't get MDs. Training of physicians? I would recommend that perhaps Interior or Veterans Affairs, whoever would help us, forge a cooperative program with the University of Hawaii with special admissions to train Pacific students to become MDs.

I would recommend that as a result of the summit, we forge some sort of a statement where we can have enabling programs to enhance telemedicine connections. We are going to be having fiber-optic next year and we hope to improve on that. And I want to thank the Secretary of Interior for assistance in bringing fiber optic to American Samoa, later this year and operational by next year.

Some of the problems that are not related directly, and I think we also need to talk about more, are the other incidental costs. The cost of electricity in our Pacific Islands is just horrendous, and it's making it more expensive to deliver health care. It's also making the imports of drugs, medicines and medical supplies very, very expensive. When it used to cost us a dollar last year is now costing us five dollars because of electricity costs, shipping costs, and transportation. Transportation to bring a patient to Hawaii on our medical referral has quadrupled in the last 2 years. I think these are some of the issues that we also need to address, not just necessarily direct health care but some of these incidental things that we need to talk about if we're going to be successful in delivering adequate health care. Because if the cost of electricity continues to go the way it is, without alternative energy or things like that to bring those cost down, it's going to be very unaffordable. If you look at our GDP, we are among the lowest per capita in the region and it's getting to that point where people are resorting to traditional medicine and not going to the Medical Center anymore because it's expensive. But we can't help it. That's the way it is.

So for the present term, I would say all of us need:

1. Some injection of cash to help us deliver our immediate needs;
2. Assistance in our staffing; and
3. A framework for continuing collaboration that will transcend administrations, both

nationally and locally, to make sure that we do not fall apart again.

Thanks again for your attention.

(Secretary Kempthorne): Governor, thank you for your articulate delineations of suggestions. Very helpful. All of you have been very helpful. I will now call upon the Governor of Guam, Felix Camacho, who I have known for approximately 8-10 years. Felix is highly respected in the National Governors Association where I had been chairman, and so we've spent a great deal of time together and he, like his colleague from American Samoa, is very respected by the Governors of America. Felix is facing an interesting situation in that when the U.S. Navy and Marine Corps in fact moves 8000 Marines from Okinawa to Guam, and their dependents, and the service industry, you have an island with current population of 170,000 that will ultimately have 40,000 new neighbors. It's quite a dynamic. Felix and Lt. Gov. Cruz are doing a very fine job in working through this with the Department of Defense and with the US Navy Department. When I was in Guam, we took a helicopter tour of that magnificent beautiful island, really leaves an impression, very gorgeous. On my last day there Felix said, "We have Harleys here also. After our last meeting, would you ride with me to the airport, Anderson Air Force Base? I said, "I'd love to". So anyways we wrapped up the meetings and he is his biker buddies joined us. You know, we don't dress real fancy when we ride. We wear leathers, T-shirts, always with helmets. But anyways, so there are 10 of us. We hop on the Harleys with the Governor, and we roll through the island of Guam to Anderson Air Force Base where we're waved through the checkpoint. And as I rode up to the airplane, the base commander said, "I don't know whether to salute you, or arrest you." But I'll tell you Felix you probably remember this.

AV 09.29.08 HS 3: Governor Camacho Opening Remarks to Lunch Break

(Governor Felix Camacho, Guam) (The initial greetings were not captured on the audio)... The beautiful island of Oahu, in the city of Honolulu. Of course, this is a very important opportunity for us to address, one of our communities and one of every community's greatest concerns. Health care is one of every government's top priorities, along with education and public safety. The health and well-being of our people remains at the forefront of our responsibilities, not just as elected officials or community leaders, but as citizens working together to build a solid and sound foundation for the future. Secretary Kempthorne, I want to thank you for your continued leadership and your stewardship for the insular territories. You have been a true advocate for Guam and all the insular territories, and we're truly grateful for the partnership and the friendship that we've established since I've stepped into office six years ago. I also want to thank Secretary James Peake for being here, Undersecretary Chu and Assistant Secretary Garcia. We are all fortunate to work with you in this important summit and I also send the greetings of our Lieutenant Governor Mike Cruz. He was slated to be here as he is a doctor and a surgeon, but a couple days ago, good news his wife is in labor. I believe has she delivered? And anyway, she has been in labor for a couple of days now and it's an important event for him. I'm very, very grateful to be here and we wish him and Jennifer all the best.

Now when it comes to health care, we are all part of a much larger picture and I know that by working together as we've all stated, we can address these issues for the benefit of generations to come. The work we're doing now and the vision that you've laid out Mr. Secretary, is going to be monumentally significant if we can continue the work ahead. Clearly, we all share a desire to bring our health care systems to a standard that mirrors other United States jurisdictions. But in acknowledging that desire, we also realize that there must be a commitment by the Federal government to help our Pacific island territories deal with the deficiencies that affect our ability to provide quality health care to our people. I think you've heard this throughout this morning by all the leaders, a consistent theme of need and lack of resources and challenges that we must overcome. So every health care need that is highlighted here today reflects what we require as a region to care for the hundreds of thousands of Americans who call the Insular Areas home.

Our organizations are faced with the many challenges that our health care professionals encounter each and every day. From a lack of equipment and medical supplies to the lack of doctors and nurses, our community has time and again come together to make our system work. And as mentioned earlier, we do what we can with the resources we have. As they tirelessly work to mitigate these challenges, our health care professional leaders continue to rise above them and go beyond with what little resources they do have. Our Department of Health and Human Services provides medical and social services to our community using two community health centers, an essential public health facility. They are responsible for providing medical care with preventive services such as immunizations, screening for diseases, health care education, as well as traditional public health functions such as disease surveillance, tracking of community health status, and

safeguarding the vital statistics registry. I know our Director Pete Roberto...Pete, will you just stand and be acknowledged? For Public Health, he's here with us. But our most critical component is the Guam Memorial Hospital. It is Guam's only civilian hospital and the system is tasked with managing and meeting the needs of our entire community. Joe Mesa, our Assistant Administrator and Associate Administrator, Joe, stand up please? Thank you. Now our hospital's primary service market is the civilian population on Guam but they also extend to secondary markets that serve the residents of our neighboring Pacific Islands in Micronesia. It is without a doubt that as our population increases, the demand for hospital services will be affected. And as many of you know as mentioned by the Secretary, in the coming years Guam will be brought to the forefront as the military strategy for Americans in the Pacific. The increase of military presence on our island is expected to swell our population by the year 2010; we look for a twenty-five percent increase. With that in mind, it is vitally important that our hospitals prepare to accommodate changes and anticipated increases in the demand for health care.

In our plans to meet that demand, we must focus on Guam's civilian population and the needs of our regional neighbors as well. I always say we're all in this together. In Micronesia, we are one family. And with this increase in population, there will be unparalleled opportunities for progress that will include billions of dollars in new investments, in opportunity for profound economic growth. But in the face of such promise, there are challenges as well. Our health care will be faced with the challenge of meeting the needs of an additional 40,000 residents who will be added to the community of 170,000. Imagine the state of Hawaii. Altogether, you've got about a million people here. Can you imagine within a mere four or six years you have 250,000 people coming to your island? That is the impact happening on Guam on scale. And so, to give you an idea of how this population increase will affect our health care system on Guam and our limited capacity, our hospital currently provides about .92 beds per 1000 or less than a bed per thousand populations. By comparison, Hawaii hospitals provide more than doubled the bed availability at two and a half, or 2.6 beds per 1000 population. The beds per 1000 population are 2.1 for Alaska, or rather for Pacific Census division hospitals, 2.3 in Alaska, 2.1 in California. So these brief statistics reveal that the acute care component of our health care system has major obstacles that will only increase as we move forward. Guam's hospital per capita expenditures are a third less than the District 9 Pacific states. This translates into the absence of critical services. We do not have radiation oncology and cardiac surgery despite our mortality and morbidity rates significantly exceeding national averages. And despite Guam's higher than national average rate of diabetes and end-stage renal disease, there is no kidney donor program or transplant service, a mandated component of the Medicare system.

The lack of social services drives patient and insurance payments out of our local markets and out of the reach of our people, so this robs our hospital of the capital needed to develop services. Thirty percent of Guam's health insurance premiums go off island and that's over \$30 million annually. Primarily they go to the Philippines. And not only do we face the challenge of providing necessary services to our people, but we also are challenged with attracting those who can provide it. The shortage of medical professionals from both doctors and nurses is at an all-time high throughout the nation.

As our country tries to adequately staff hospitals and clinics with certified doctors and nurses, we must find ways to gain the attention of those same professionals and attract them to our islands, something we all face in Micronesia. It is nearly impossible. As Governor Togiola adequately pointed out, it is nearly impossible to compete with higher compensation and benefits packages offered by most health care employers found elsewhere in the United States. The best and brightest of our kids leave and never come back. As Secretary Kempthorne, you had stated earlier, you said what we must do is try and align with stateside hospitals. Well I see another solution: align with stateside universities for Pacific Island students that have the passion and the desire to be the next doctor or health care professional and find ways to bring them back. If there's some kind, some kind of hook, a financial commitment that if their education is provided for, they must come back and serve. We can't blame them for seeking a better life and those that do come back are highly commended and therefore the leaders of our islands are forced to think outside the box. We must figure out a way to bring in highly qualified health care specialists to our islands. You know historically, Governor Togiola mentioned that during the days of the Trust Territory Administration, students were hand-picked or chosen and sent to the South Pacific University in Fiji. Many of health care professionals were trained in these universities. The challenges we face now are that it's not acceptable as they don't meet AMA standards. But we have to find a venue or a way to get universities in the United States or those in Asia that train, or India or elsewhere, to US standards to train these Pacific island health care professionals and get them back to the islands. If ways can be found like that through collaboration and cooperation and with licensure as issues, we may find ways of dealing with that currently.

Many of our people travel to places like the Philippines for medical care. Many buy their prescription drugs across the border. So here is something for comparison. The medical professionals on island say doctors from the Philippines or other foreign countries cannot practice because they don't meet AMA standards. And yet, what happens for patients that can't afford or find a treatment on the islands? They're sent to these foreign countries to be treated by foreign doctors under their standards and receive their care and their medication. They come back to our islands and then seek for follow-up care. So what a contradiction we can be. We can't have them (non AMA-certified) on our islands to treat our people, so we send our people to their countries to be treated. Go figure. Are we missing the point? I say we are.

So to be quite frank, some of us just need what would be considered extremely basic to providing health care to our respective communities. I just want to share with you a story that Lieutenant Governor Mike Cruz had told me. Many of you may know that he is a surgeon by profession, so he's very familiar and passionate about our health care system. And I share this story with you because I believe it best illustrates the disparity some of us face in providing basic health care services to our people and the gap that exists in bridging medical technology without the mere basics. As a doctor, he was called by a physician from another neighboring island who wanted to refer a patient to him. Many of you have had some experience with telemedicine, which I believe is a great development in medicine. Through telemedicine, this doctor wanted to refer a patient to Dr. Cruz. Dr. Cruz agreed and requested the x-rays be sent to him. The doctor offered to e-mail the x-

rays to him instead, which would get it there faster. As the x-rays popped up on Dr. Cruz's computer, he was amazed that this doctor in the neighboring island at this hospital had the ability to e-mail x-rays, and with no trouble at all he was able to confirm the diagnosis and formulate a treatment. He told the doctor, "Looks like pneumonia" and he proceeded via telephone to convey what medication he believed should take care of the problem. The doctor responded by saying "Well Dr. Cruz, that's why we wanted to send the patient to you. We don't have that medication that you are prescribing and we were hoping that you could provide it to our patient." So this account illustrates a significant gap in services through no fault of telemedicine. We believe in it, we support it, we want to continue using it but we must ask ourselves again, "Are we missing the point?" The ability to use the latest technologies or the most exceptional equipment means very little if we cannot even provide a basic antibiotic to a patient. These are the challenges we face in the islands.

Our public hospital's policy of not turning away anyone in need of medical attention presents another significant challenge. Our community health centers are nearly always reimbursed, (typical politician, right?) the entire amount they bill with some paid by Medicare. However, sometimes the full portion is not received. In the spirit of solidarity, we would like to support the hospital's request for a hundred percent of Medicare reimbursement rather than the approximately 80% they reportedly received. In fiscal year '03, Guam spent over fifteen million for Medicaid services to its population. Only eight of that was Federally funded. And of that about 1.8 was for the Child Health Insurance Program. As a proportion of our population who rely on Medicaid increases, the cost of local government will increase as well. And with an economy that is just beginning to stabilize, we cannot afford to keep overmatching Medicaid. We had an uninsured rate of 21% of the population in '03. In '02, the last year that US stats were available, the uninsured rate of adults nationally was 14.1% compared to 21.8% for Guam. Lieutenant Governor Aiona talked about the FAS citizens who have an even lower rate of insurance coverage. In '03, 29.4% of the citizens in the survey had no form of health insurance and 28% were MIP, or Medically Indigent Patients. So with this in mind, we must consider the resources available for delivery of services when outlining plans for the future.

Our geographic isolation and shortage of human and natural resources contribute to a higher cost of doing business on Guam. We believe that this cost could be addressed when Federal grants are allocated to the islands by raising the floor amounts of grants that use them and instituting minimum floor amounts for those that do not, and then applying population-based formulas for the distribution of the remainder of grant funds.

A second set of disparities is the high prevalence of both communicable and chronic diseases, very much what Governor Aiona talked about. And though our population is younger than that of the mainland US, when we age adjust our cancer incidence rates, we find that liver cancer rates for both men and women are double to triple those of the United States. Our oral and stomach cancer incidence rates for women are higher than in the US as well. Our diabetes prevalence rate for the entire adult population of Guam is ranged anywhere from 25 to 46% higher than those for adults in the US. In '03 our adult

diabetes prevalence rate was 10.1%, the highest recorded on Guam in this particular survey. So the rate of our indigenous population of Chamorro is even higher, from 9.7% of adult Chamorros in 2002 to 13.4. It is chronic, not only in Guam, but throughout the islands. Additional resources are needed to effectively provide services for the illnesses and for programs to help educate and motivate the public to implement life-style changes that may reduce the occurrences.

I believe that we must also revisit our border policies. Our proximity to Asia, the source of many communicable disease outbreaks that could threaten the US and our status as a doorway to America, increases our vulnerability to outbreaks. And this vulnerability is not clearly recognized by our Federal grantor agencies. In recent years, funding has been made available for initiatives to increase surveillance in border states for agents of bioterrorism and emerging infectious diseases. And the border states were those along the Mexican and Canadian borders. The Asian border states and territories were overlooked even though diseases of concern such as SARS, Type Influenza A Fujian Flu and the Avian Influenza originated in Asia. So we believe that a second border initiative to improve and increase surveillance should be funded for our region.

In closing, I just would like to say that more than ever we must work hand-in-hand, as has been said time and time again, with each other to focus on providing the best health care for our people. Secretary Kempthorne, I thank you for your vision and as mentioned, as a great chief, not only do we need vision but we also need to implement this. This is significant and for all of you that are here, I think you can all relate to what we do here and now will affect generations to come. So not only do we need this vision now, but we must work hard to implement it through collaboration and through cooperation, working as brothers. We always say the oceans don't divide us but they unite us. We can find ways to make it. But as the great steward that the United States is, we do need your help. Thank you and si yu'os ma'ase.

(Secretary Kempthorne) Governor, thanks very much. Your suggestion of linking to the universities resonates well. Admiral Garcia also made note of that. In my State of Idaho, we have a program, it's called WAMI: Washington, Alaska, Montana, Idaho and there are positions that are there for students and once they graduate from the medical schools than they do have an obligation for a set period of time to come back to the rural areas. So there are certainly precedents for this.

Governor Fitial of the Commonwealth of the Northern Mariana Islands was going to be here, and at the last minute was not able to. The Governor sent me a very nice letter explaining that. But representing the CNMI is the Secretary of Health, Joseph Villagomez, and Mr. Secretary; we're delighted to have you here. I will tell you that when I was in CNMI, I was invited one evening to a barbecue on the beach and it was Boise State alumnus because Boise State is a destination for a lot of these young kids. And also we get a lot of good ballplayers out of the islands. And, as you know, Boise State and Hawaii were in the same conference, pretty good ballgames, except last year. And then I spoke at...now...this time keeper, I'm thinking of signing him up...I spoke in Saipan South High School as the commencement speaker last year. And of the 2000

beautiful graduating students, eighteen had already signed up for the military. I mean, it's really quite amazing. So anyway, timekeeper, how you doing? Oh, you're the timekeeper now? Did, did we change? Oh...was the other one fired? Are you bigger? Yeah, you do. You look like you could play ball. Are you from American, where are you from? Oh, I thought it was American Samoa. Alright, well we'll see how you do. Alright, Mr. Secretary, good luck.

(Joseph Villagomez, Secretary of Health-CNMI) Thank you, Secretary Kempthorne. Secretary Peake, Secretary Chu, Secretary Garcia, distinguished Excellencies, Governors, and health ministers, Congresswoman Christensen, Admiral French; greetings from the Commonwealth of the Northern Mariana Islands and greetings from our Governor, Benigno R. Fitial. He asked me to extend his apologies for not being here this morning. Equally pressing issues at home required that he remained on Saipan.

Secretary Kempthorne, the Governor did want me to relay his appreciation for the vision in convening such an important meeting today and tomorrow. The island nations are indeed at a crossroad and not limited to health issues. The current economic conditions that our island folks are facing are forcing them to make tough decisions. Buying food, paying for power, paying for gas all puts health care further down the line. Unfortunately, when you don't have proper coverage, as we all know, not only do you not avail yourself of preventive care services, but you also do not avail yourself of maintenance services. So folks that have issues such as uncontrolled high blood pressure or uncontrolled cholesterol naturally end up in the emergency room at a far greater cost than ensuring that they had proper coverage. So that is one of the main challenges that the island nations are faced with, beyond just the health care.

The health care delivery system, though, has come a long way in the past twenty years as we have witnessed. There are remarkable improvements in health care indicators across the Pacific. Infant mortality rates, maternal mortality rates, availability of antibiotics and other medication, rates of immunization for childhood diseases, and the overall access to quality health care have improved sharply in the past twenty years. We are proud of these achievements and are thankful to our Federal partners who have assisted us towards improving the quality of life for all of us in the region. Unfortunately, like all my colleagues in the Pacific Island Health Officers Association, or PIHOA, would attest, we still have a long way to go. Nobody wants more from our health care system than the health ministers gathered here in this room. All of us are actually aware of our limitations in serving the health care needs of our jurisdictions. All of us are acutely aware of our budget limitations. All of us are acutely aware of the logistical challenges of delivering western health care to our small islands. We don't need a new Federal report to tell us that. We live it everyday.

But just as our health care system sometimes falls short in meeting the needs of our peoples, I feel that the report released (OIG) also falls short of its intended mark. Most of the facts contained in this report are probably accurate, although there are some few notable errors. But none of us had an opportunity to constructively review these documents. In fact, I cannot find any evidence of peer review in the pages. We hope that

in the future we would never have to send patients off island because we want to push our systems forward towards availability of specialty care and affordable medical intervention. Certainly any small community in the US, even here in Hawaii, has sent patients to a tertiary care center for advanced care. This fact is not worthy of a Federal report. We hope that in the future we would never have to recruit health care providers from off island because we are fully staffed with our own indigenous clinicians, but most of the physicians for any small community in the US are from bigger cities and very few are raised in the local community. This fact is also not worthy of the report. We hope that any Federal effort, however well-intentioned, would focus on providing expert recommendations for improvements to provide a roadmap for making things better for Pacific Islanders. After thirty pages of exposé and photos, the five sentences of recommendations seem to lack the depth and the thoughtfulness that we have come to expect from our Federal partners. But mostly we all hope that the intention of this report is to assist us on the road to improving the health care infrastructure in the Pacific. Right now our initial impression has left us a little bit confused about the intention of the report. However, my colleagues and I feel that we need to take it and run with it and work closely with the Feds so that we do improve the delivery of health care in the Pacific nation. That is not just because it is our job but because of what it's doing to our people.

So let's move forward in a more positive light towards the shared goal of improving health care in the Pacific Islands and in the US Virgin Islands, and resolving together the difficult barriers that stand between us and improving conditions for a jurisdiction. We are grateful for this opportunity to speak frankly so that we may be on the same page in addressing all of these issues. We have important work in front of us. In the end, this is a fantastic opportunity to take health care to the next level in our islands. We will need our federal partners to understand the challenges we face, and work with us to find creative solutions to reduce the health care disparities that we are faced with every day.

Secretary Kempthorne, we applaud you and thank you for holding the summit. We look forward to continued support from the Department of the Interior and the rest of the agencies that are represented here. We stand ready to roll up our sleeves and join you as we make health care not only better for the communities that we serve with, but also make health care delivery sustainable so that we don't have to keep addressing this. Un dangkulu, si yu'us ma'ase...from the people of the Commonwealth.

(Secretary Kempthorne) Mr. Secretary, thank you very much. You have a beautiful area. We incorporate that into many things. One of the things as we talk about, World War II and the role that was played there in Saipan, some of the amenities, the assets that remain there that would be focused. For the record too, let me just say, Hawaii did really good in the conference last year. They were the champions, so they did good. And Colt Brennan? Your quarterback? He's with the Washington Redskins now. Kind of cool. Alright, let's move on.

The US Virgin Islands, Governor de Jongh. I was with him just in the last six weeks roughly, with Congresswoman Christensen. Donna had asked me from day one to come to the Virgin Islands and I made a commitment that I would. So I have, with great

pleasure, fulfilled that commitment. The beautiful things we saw there. You have a world class cardiology center, a world class cancer center, and yet you also have situations where the EMT has some real concerns, and the front line, the emergency room, the equipment that's necessary. The projects that we're working on in the Virgin Islands, one is just to do a potential land exchange so that an elementary school that is right in the heart of the downtown section, and you actually have to cross the busy streets for little children to get from one class to another. We would provide them land elsewhere so the kids can be safer. So again, it was a beautiful trip and I appreciate it very much. I'm going to introduce Commissioner Fludd who is a, an RN and is the Health Commissioner, very good, for your comments.

(Vivian Ebbesen-Fludd, Commissioner of Health-USVI) Good afternoon. I bring you greetings on behalf of Governor John P. de Jongh, Governor of the United States Virgin Islands and a good afternoon to the Excellencies, Presidents and the health secretaries present. Governor de Jongh, I and the people of the Virgin Islands express our appreciation to Secretary Kempthorne, Secretary Peake, Undersecretary Chu, and Assistant Secretary Garcia for your vision on convening this leaders' summit on the future of health care in the Insular Areas. To Delegate Christensen, for your importance on the summit of being here and the invitation extended as well. Governor de Jongh sends his regrets for not being able to attend in person, however he demonstrates the importance to the territory by the delegation that he has present here today in his Health Policy Adviser, the Chairman of the Territorial Hospitals and Health Facilities Corporation, and myself, Vivian Ebbesen-Fludd, the Commissioner of Health, to attend this important summit and share our perspectives. In addition, Governor de Jongh expresses his appreciation to you, Secretary Kempthorne, for your recent visit to the Virgin Islands and the time you took to tour our islands and facilities and to hear our needs firsthand. We look forward to the many next steps.

As we join you here these two days in looking at the issues of health care in the Insular Areas, we remain mindful that we are truly at a crossroads in health care services. Our resources are limited and the needs in our communities are increasing. The need to move health care to the top of the territory's agenda is of utmost importance. Our surrounding environment is ever changing and, most importantly, our citizens have entrusted us, their governmental and health care leaders to establish, maintain and enhance a system to meet their standards. Urgent and emergent needs remain a large responsibility. We see the summit as a crossroad for the Virgin Islands, as an opportunity to compare issues, concerns and needs, share our accomplishments and challenges, brainstorm creative ways to meet our needs, commence conversations on ways to maximize resources, and, most importantly, have the unique issues of our Insular Areas brought to the forefront in such a forum, in conversations with you, Secretary Kempthorne and your co-conveners. Although we may be hundreds or thousands of miles apart, we are very similar based upon our island designations, our geographical layout challenges, and cultural considerations.

With the stage being set, let me provide you a snapshot view of the US Virgin Islands health care infrastructure, our challenges, our areas of improvement and our next steps.

Our four islands are approximately 110,000 persons and an increasing number of undocumented illegal immigrants. A population being served by the Virgin Islands Department of Health which serves as a regulatory and monitoring agency and a provider of public health services. Our two local hospitals: one of which Secretary Kempthorne toured on the island of St. Croix, where we will be unfolding a new cardiac center, a center of excellence; and on the island of St. Thomas, where we have the Charlotte Kimelman Cancer Center, which provides cancer care in our territory. We have two community health centers, one on each island, the island of St. Croix and the island of St. Thomas. On the island of St. John, we have a community health center and an urgent care center which is affiliated with our St. Thomas-based hospital. We have two Veterans Affairs community-based clinics. We have nursing care facilities, a mental health facility on the island which is currently under expansion. Although we have made strides to enhance our infrastructure through our cardiac center and our cancer center and our new mental health facility, our needs remain and our challenges still exist.

We have limited financial and human resources to meet our expanding needs. The recruitment and retention of staff, our generalists, specialists and nurses, pose a severe challenge to our acute and preventive care agencies. Data collection remains somewhat of a manual system, leading to some inaccuracies. Our Medicaid cap poses a significant limitation. Our uncompensated care issues are impacted by our Medicare and our reimbursement rates. Our increasing number of uninsured patients due to economical situations and their inability to qualify for our Medicaid system, of where our percentage of 24% is compared to the national average of 15.3%. Our technological enhancements, our needed infrastructure improvements and our increasing rates of diabetes, hypertension, cancer, and end-stage renal disease all remain issues. For our veterans, we're in need of a woman's health care services for veterans in the USVI, inclusive of follow-up, emergency, and GYN care. The means testing currently on the books poses a challenge to our health care services. Moving our community from, more so and I know it's an issue of all that have spoken before me, from a wellness to a wellness and prevention forum is of significant importance, as well as getting providers who are willing to join our health care system. All of the challenges compete for limited territorial financial resources while the needs of our community increases.

This is where our Federal partners play a significant role. To address our challenges, Governor de Jongh has implemented activities to look at our health care system as a whole from the bottom up and not as a separate section because our clients do not come to us in sections. We have commenced looking at ways to maximize our resources, analyze our true costs, improve data collection to truly determine and demonstrate our need. We must state that although a resident may have all the resources to leave the island, if their condition is not stable enough, the infrastructure must be able to support the need. We have implemented several executive interagency level task forces to bring and consolidate our information to be able to communicate our needs to our Federal partners. However, we know that our human resources, our technological, inclusive of e-health and telemedicine, and our infrastructure enhancement consider consolidating our services are of paramount to the success of our health care system, internally and externally.

As your report indicates, more resources are needed and, with that, we agree and we have to look forward to partnering with our Federal partners to move this initiative forward. We look forward to partnerships, the use of land resources that will be formed by this summit; we remain willing to share our experiences, successes, and challenges. We remain committed to improving health care access in an ever changing health care environment and committed to safeguarding and preserving the public health in our territories. We thank you, Secretary Kempthorne, for your vision and your passion for the needs of our areas and thank you for making a significant part of the whole. Thank you.

(Secretary Kempthorne) Commissioner, thanks very much. Let me call upon one more speaker and it is someone who is a medical doctor, who serves in Congress, she is the Congresswoman from the US Virgin Islands, a real advocate for health care and a real advocate for people throughout this world, Donna Christensen.

(Donna M. Christensen, M.D., USVI Delegate to Congress & Chair of the House Natural Resources Subcommittee on Insular Affairs) Thank you, Mr. Secretary. Secretaries Kempthorne, Peake, Undersecretary Chu, Assistant Secretary Garcia, Deputy Assistant Secretary Pula, your Excellencies President Mori and Tomeing, Vice President Chu, Honorable Governors Tulafono, Camacho, and Secretary Villagomez, Secretaries of health and other officials of Insular Areas and Federal government staff, expert panelists and resource persons, friends, good afternoon. Aloha. I want to especially recognize my own Virgin Islands delegation if I may take a point of personal privilege. Of course, you've just heard from our Commissioner, Vivian Fludd, but we also have with us the Chairman of our Hospital Facilities Board, Carmelo Rivera, if you would stand, Special Assistant to the Governor of the Virgin Islands, Luis Sylvester, and our AARP Virgin Islands State Director, Denise Singleton, as well as Brian Modeste, legal counsel for the Subcommittee on Insular Affairs at the House of Representatives. In addition to that special welcome to my own, let me add that it's an honor and a privilege to join all of you here for these days of discussions and planning on an issue that can no longer be left to inadequate or haphazard remedies, the health of Insular Areas Americans. And not only based on the Inspector General's report, but because all of us from these areas live with the good and bad of our health care system. We know that we have many challenges, challenges that we must meet and are committed to meeting to ensure that the very special people of the very special societies that exist in each of these very unique places endure and prosper.

I want to add my own greetings to those of the Tri-Caucus, those of the Black, Hispanic, and Asian Pacific Islander caucuses as well as the Native American caucus of the House of Representatives. And to bring special greetings from my colleagues, Congressman Eni Faleomavaega, who was intending to be here but could not at the last moment; and special greetings from my sister delegate Madeleine Bordallo who, because of the defense interest in Guam and a previous commitment to travel with Chairman of the House Armed Forces Committee Chairman Skelton could not be here with us today. But we're pleased that she sent her Chief of Staff John Whitt, who is sitting here in the front.

Both Madeleine and I chair health for our respective caucuses, and so this conference is very important to us and we thank you, Secretary Kempthorne, for convening it and all that you are doing to improve health and other conditions in the Insular Areas. Because of whom we represent, both in our districts and in our caucuses, Madeleine and I worked every day to bring comprehensive quality, culturally top appropriate care to our districts, to communities of color across our country, to the rural and poor, all who are left out of the health care mainstream. The recent Inspector General's report that's been referenced outlines some of the common challenges we face in trying to provide access to health care for everyone and to keep our communities healthy. Let me not use my time on those deficiencies that we all know very well, but rather I want to highlight areas of specific need in the Virgin Islands, some which will build on what my Commissioner said. To speak to several important issues that apply to all of us, some addressed and some not, and to add some possible remedies that are already under the purview of the Secretaries who are with us today.

Regarding the Virgin Islands, let me first reiterate a plea that I made at the last IGIA meeting in Washington for help to allow our pharmacies to return medication that was oversupplied, damaged, or expired to their supplier, just back to their supplier. FDA has adamantly opposed it on the ground that it could open the door to implication of foreign made drugs but there is no reason at all to expect that our US trained and licensed pharmacists regulated by the same rules that are on the mainland would import drugs from foreign countries. The problem is a unique one because we are outside of the US customs zone, but it causes our hospitals and private pharmacies to lose money in an already high overhead jurisdiction as well as threatens the accreditation and the certification of our hospitals. So Secretary Garcia, we need your help. We've been working on this for several years.

Second, the poverty level guidelines used for the US VI are set too low, I think, and need to be reevaluated. CRS, the Congressional Research Service, took a cursory look at the issue for us and their look suggests that our index is actually higher than Hawaii and Alaska which have higher income limits. So I would ask the Department of Health and Human Services and the Department of the Interior to help us take a look at this so that we'll be able to access Federal and other funding based on more accurate data.

My third Virgin Islands issue is access to health care for my veterans. We in the Congress passed this year the largest health care spending bill since the establishment of the Office of Veterans Affairs. Virgin Islands vets who need anything beyond basic outpatient care have to travel to Puerto Rico in most instances. We've requested a GAO report on the level, timeliness, quality of services we received compared to other veterans. The most common and persistent complaints about the eligibility level or the means testing which relates to our high cost of living, the cost of travel to Puerto Rico and the language barriers. There are many models that we can use to fix this and on behalf of my veterans, I'm asking for your help to do that. On a positive note though, we invited Ms. Rizener from the VA hospital in Puerto Rico to meet with our veterans in St. John which is an especially challenged area and we're already seeing good results. The

work that I think she began there is something we can build on for the rest of the territory.

On a more general note now, the Medicaid cap affects us all. A recent report showed that 53% of people, persons in the US Virgin Islands at or below 100% of poverty are still uninsured and that should not be. A GAO report showed that per capita spending by Medicaid in the territories is just one tenth of that in the states. As delegates, we have been able to increase the Federal contributions quite a bit but our level, quality, and quantity of services are limited by the Medicaid cap and the match. Our government, like the other governments, spends more than is required by our match, sometimes as much as 70% because our residents need the care. As we move to universal healthcare as we must, we need your support to ensure the territories and the American Indian tribes get equitable treatment. Another critical issue is that of SSI. With the exception of the CNMI which does not have 10F, none of us get it. Our disabled are heavily burdened by the high cost of living and the Medicaid cap. Some have to leave their families and other support systems to get help for their children or themselves. With movements to give SSI to noncitizens and non-nationals, then we certainly ought to give it to our own.

The lack of adequate and reliable data is another limiting factor for all of us and has been raised repeatedly at the interagency working group. We still don't have reliable data in far too many reports. The Department of Health and Human Services has pledged to help. With our recent hearing with the Office of Census, they will be doing more as well.

Regarding prevention, if we could prevent, delay, or control just diabetes and end-stage renal disease, we could not only save millions of dollars but would enable our people to live longer and better lives. As I did at the last interagency working group meeting, I'm recommending that the Secretary of Health and Human Services establish an aggressive diabetes and obesity reduction prevention and control initiative throughout the territories. And the issue of access to remote areas, my recommendation is for smaller clinics and utilizing physician extenders: nurse practitioners, physicians' assistants so that all of the areas have some coverage. It would also help if we trained community health workers to help educate, support, and link the individuals to the services that do exist. To address the shortage of providers we should utilize a national health service to train more local doctors and nurses, pharmacists and other providers. They will have an obligation to return home and work for a period of time.

The remoteness of the Insular Areas and the inability to attract and keep certain specialists calls for, as we've heard several times this morning, an expansion of telemedicine. The Veterans (Health) Administration is now using it between Puerto Rico and the Virgin Islands on an unlimited basis and it's working well. It should also be possible to use long-distance learning coupled with some teachers-in-training on the ground to develop the allied health providers that are lacking in all of our islands. Along with that, the medical records problem can and ought to be fixed by implementing an electronic system, but we cannot build a good system with haphazard efforts. The many problems cited in the report call for planning, and I'm asking the Department of Interior and the Department of Health and Human Services to help us develop, each of us to

develop, a plan for a comprehensive health care system that includes hospitals, clinics, manpower, disease prevention, health promotion, equipment and maintenance and which reaches everyone. Health-empowerments legislation that I introduced in the House can provide us a good model for how to do that.

Whatever we do from here must be community designed and driven. I also firmly believe and staunchly advocate that money spent in health care, especially upfront on prevention, is money saved. There's a mounting body of evidence that gives us the hard numbers. The Tri-Caucus is working to develop our data and our strategy and we've begun initial informal discussions with the Congressional Budget Office. Those discussions we hope takes. We plan to expand to OMB at the White House and on a more formal level next year. Ensuring that the health of all its people is ensuring the health, strength, competitiveness, and leadership of the United States in the world.

Thank you again, Mr. Secretary, for making sure that in your tenure you visited every one of Insular Areas. Thank you for making your visits meaningful by leaving funding or special projects wherever you went, for the corrective measures that you've already undertaken to correct some of the deficiencies in our health care system that you met when you visited, and thank you for bringing us together for this very important summit. And I thank the other Secretaries and all of you who are here this morning for being here. As Chair of the Subcommittee of Insular Affairs of the House Committee on Natural Resources, I look forward to discussions that will continue today, to what message we'll be able to take back home to our individual islands. And, most importantly, to what we as a Congress, committee and subcommittee, can do to support the needs and effort that will come to the fore in these two days. Thank you for the opportunity to address with you.

(Secretary Kempthorne) Congresswoman Christensen, thanks so much Donna for your insightful comments and advocacy. Admiral French again, we're very delighted to have you with us here and after lunch, if you'd like to make any comments we'll be very happy to do that. We're three minutes from concluding this and then we're going to all go eat, now that's a good thing. But I had mentioned in the opening comments that these four departments who all have a key role to play are going to coordinate those roles and we're going to commit, therefore, to the establishment of the Interagency Coordinating Assets for Insular Health Response (ICAIHR). Now let me give you an idea of what this will do, this is a positive action, it comes from the summit and, as is pointed out by some of the leaders of the islands, they would like this to be a system that is passed on to the next administration so the benefits from this continue. The purpose of the task force will be to assess the health care needs of each of the seven insular areas including Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the US Virgin Islands, Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands, in consultation with appropriate leaders from the areas, to develop a priority list of actions specific to each insular area that addresses the most critical health care needs and to prepare a report for each insular area and to submit the report to the IGIA by June of 2009. So with that, Secretary Peake, if you would sign both of those documents. Thank you. Secretary Chu? Very good. Secretary Garcia. Alright, this document now

is complete and exists and this is a very good moment. This is a very strong step forward. With that, Nik, let me turn it back to you and we're ready for a little nourishment.

(Nikolao Pula) Thank you Mr. Secretary. Ladies and gentlemen, now we're going to break for lunch. Just the path outside, just walk straight through to the steps, it's the Waikiki Room across from the swimming pool. That's where we're going to have lunch. Thank you.

AV 09.29.08 HS 4: Panel 1-Critical Shortages of Personnel, Equipment & Infrastructure; Capacity Building & Partnerships and Following Floor Discussions

(Secretary Kempthorne) A first name too, Joxcel, J-o-x-c-e-l? What a cool name. And then as you noted, he likes Star Trek, so I think we have a new character, Admiral Joxcel. And then I'm not Captain Kirk, I'm Captain Dirk. So we're about ready to probably go where no one else has gone before.

We have a really good panel and the title of this panel is "Challenges and Opportunities in Addressing Critical Shortages." This would be personnel, equipment, and infrastructure. It's a huge topic but we have a tremendous panel. We'd like to hear about very specific critical needs with respect to equipment and personnel, as well as potential actions that may be possible to help fill in gaps. In other words, let's just be pragmatic. What are we experiencing? What are the challenges? What have we done? What are the lessons learned? What can we take from this? What can we share? What goes on the action items for us so that when the report is turned in this is duly noted, things such as from Palau, the hyperbolic chamber. That's straight forward.

I saw, where's Irene from Ebeye? Irene gave me the tour of the hospital in Ebeye and she is the person that told me "we have no backup generator." You have a backup generator now, don't you? So I mean, it's just, what are the critical infrastructures? That was one thing I came back and with Doug Domenech who is here, Nik Pula, I just said we need to have the critical infrastructure list and then let's start going down that list and accomplishing it. Chuuk, etc. So with that, Captain Walmsley is going to be our moderator. Captain, what I want to ask is if you could, if you don't mind, begin this with self introduction, and then Captain lead this discussion.

(Captain Walmsley) Yes sir, thank you very much. It's my distinct pleasure to be moderating this panel. I am John Walmsley with the Office of Pacific Health, that's within the Office of Regional Health, Administrator Rear Admiral Ron Banks, Region 9 HHS in San Francisco. I work closely with the Pacific Island Health Officers, PIOHA Association, all the HHS officers and other Federal agencies to try to knit together enhanced support leverage of all kinds of programs throughout the Pacific, and that's enough about me. I will pass the microphone down and let each of my illustrious panel members introduce themselves and then will come back and begin our first presentation with Joe Villagomez.

(Joseph Villagomez) Good Afternoon my name is Joseph C. Villagomez. Earlier today I was a Governor of the CNMI and now I'm in a more comfortable position as Secretary of Health in the Commonwealth and also the President for the Pacific Island Health Officers Association.

(Dr. Greg Dever) Thank you, Joe. I am Dr. Greg Dever. I am the Director of the Bureau of Hospital and Clinical Services in the Republic of Palau. I'm also the Chairman of the Human Resources for Health Committee (HRR) of PIOHA and this is our president right here.

(Toaga Seumalo, RN) Good afternoon. My name is Toaga Seumalo. I am from American Samoa, Deputy Director for patient care services at LBJ and I am currently the President of the American Pacific Nursing Leaders Council. Thank you.

(Thome Joel) Good afternoon. My name is Thome Joel. I am from Micronesia, FSM, Pohnpei State and I am the newly elected Pacific Basin Medical Officers Association's President. I am very happy to be here, thank you.

(Dyanne Affonso) Hello, I am Dyanne Affonso and I originate here from Hawaii and I represent the Institute of Medicine today.

(Jacque Spence) And my name is Jacque Spence. I am from Canvasback Missions and my husband and I are the founders of Canvasback Missions.

(Captain Walmsley): Thank you panel. Each person will have a period of time in order to make points and presentations and then at the end of it we will have thirty minutes or so for comments and so if you'll save those until that point, it will be great thanks.

(Joseph Villagomez) Thanks John. I'm just briefly going to give a picture of how we are addressing some of the key areas in the section on workforce development and medical equipment and quality assurance. One of the biggest challenges for all of us in the Pacific region is often the recruitment and retention of medical professionals. We did have a strategic plan last year and number one on activities: how do we recruit and maintain to address the current needs and at the same time work closely with colleges, the public school system, and nongovernmental organization and other entities, a scholarship program in addressing the sustainability of developing a Human Resources for Health program, as you are very well aware. I think the Governor of Guam mentioned about, in the old trust territories days, certain people were hand picked and sent to the Fiji School of Medicine. It is much more difficult now. The kids are not interested as much in the health care field as we would like them to be, and we're working closely with the school to start a program where we introduce kids from the region to studies related to health care and then what it can bring to ensuring quality health care for the region by getting them involved so we're getting mentoring programs going.

The biggest challenge is obviously how do we have current medical and support staff educated and certified to do their jobs. It is a very expensive proposition and how we keep that going is a big challenge for all the regions. In the CNMI, we are spending the budget right now to just recruit nurses to properly staff our facilities so that we get the Medicare certification, costs us a little bit over \$5 million for just nurses. We bring them to the CNMI, we give them a salary, and we have to give them a housing allowance. We have to bring them back and forth. And, if they have families, for us to be able retain them for a longer time, we pay for the families to come to the CNMI also. The system cannot continue, is not sustainable, if this is the way we're going on.

So one of the key things that we're hoping with Human Resources for Health, and Dr. Dever will go further into some of the challenges in a document that it is readily available in the back, if you don't have it yet then we'll have more available, is to develop HRH

programs in each of the Insular Areas, knowing exactly that each one is at a different state of where they're at and each one has different regulations. For example FSM, Palau, and RMI can hire from non-US places whereas in the CNMI and Guam, and some say even American Samoa, it has to be either US license educated in the US or Canadian license for us. It is as you can assure, it is very difficult to hire and retain them and at a high cost. So I think in the long term is to work closely with schools and the colleges so that we can develop our HRH programs.

The other thing is about medical equipment. You know in every jurisdiction we have the medical machine "cemetery" in the hospitals. They are bought, we're not able to maintain, no technical assistance was given on how to maintain, its only became obsolete and the vendor of this equipment does not make parts anymore, so we have a listing of all this equipment all over the place and it continues to be a major challenge. A lot of our medical referrals funds can be decreased tremendously if we had the proper equipment, but you also need the medical personnel to be there so we have to hire. So you can see the common fabric that ties all this together, we have an orthopedic surgeon, great to have him but he has to do some of the cases on Guam and in Manila because we don't have he professional staff or the equipment to do those surgeries. Perhaps the answers may be in regional approaches, to be able to purchase the medical equipment, having one place and that we can co-share and co-share on the maintenance costs, the training that goes on with it and the upgrading of the equipment should that happen. I will keep it short and simple two minutes and I'll hand it over to Dr. Dever to continue.

(Secretary Kempthorne) Why is it with a lady time keeper we are on schedule?

(Joseph Villagomez) Because we ate good lunch.

(Secretary Kempthorne) All right good job

(Dr. Gregory Dever) Thank you, Joe. Secretary Kempthorne, it's good to see you again. I remember when you were in Palau, and we valued your visit there, and maybe by the end of the day I'll tell you what's happening with the Chamber. And it's good news, not bad news. But thank you, Joe. Today I'm going to address many of the Human Resources for Health problems that are in the freely associated states. The problems are so large that at least for the purposes of this meeting, we decided in the Human Resources for Health Committee of PIHOA to address that, and Joe put up a document of our committee and I'd like to thank all the committee members who put it together. And I can say this is this is a balanced and fair report. It is not a tabloid. And I'd like to thank Dr. Lee Lum of the University of Hawaii, Dr. Giuseppe Kaboni of Pohnpei, Durand, former director of Health of the Yap State, Marcel Gallant, Dr. Gallant is the Chief of oral health services in Pohnpei State Hospital, and Michael Edwards who is our Executive Director. Ten years ago, the Institute of Medicine published a report which has become our roadmap for the last ten years, and Dr. Alphonso will explain more about the Institute of Medicine, but it's been a very useful signpost for us out in the jurisdictions. And they took a real good look at health services delivery throughout the US associated Pacific islands, and they came up with four general recommendations.

One was to adopt and support a viable system community based primary care preventive services. And that's the number one mission I think that we all have. And then to make that goal will improve the coordination between the jurisdictions in the United States. That's what this meeting is all about as I see it, and this is excellent, Secretary Kempthorne, thank you for pulling us together. The third is to increase community involvement and investment in health care; we need to own our diseases. A lot of the funding, for say health promotion and disease prevention, thankfully comes from the United States government, but we really need to own, get ownership of those diseases. Within the region, particularly with the strategic public health planning, we are trying to do that from the community up and not the top down. And then there's the promote education and training in the health care workforce. I'm a pediatrician and a medical educator who has spent forty years in the Pacific. It's a hokey story. I went to Palau as a Peace Corps volunteer, married a local lady, and I haven't left since, and for me it's just it's been wonderful.

Now in 2006, the World Health Organization designated that year and the whole decade following as dedicated to developing human resources for health and it found that that was becoming the number one health services delivery problem supplanting really, the availability of resources in developed countries and developing countries. And PIHOA, the Pacific Island Health Officers Association, conducted a workshop following WHO's lead on human resources for health, and the theme was how can we help ourselves? None of this getting together and wringing our hands, "Oh poor us, we need more money", this kind of thing. What we were looking at is what works in the region because there's a lot of things that are working, a lot of positive things. We've heard a lot of negative things lately, but there are a lot of positive things in the region. What we did is we compared notes so that maybe we can start replicating this in the region itself. Now what's the link between there's lots of knowledge out there, experience in planning and you know the endpoint is action for health. So that we can improve the outcomes in health and well-being by decreasing obesity, substance abuse, non-communicable diseases, communicable diseases; in that link is the human link, it's the health workforce. Unless we develop the health workforce, and we have to develop other things to support the health workforce in the agenda for us, dealing with primary care issues is going to stall. And we've heard already about the shortage of this and that, health care workers not just in the freely associated states but also in the flag territories.

Now we have some challenges, there's no doubt about it. This easily could be a health and education summit because the teacher workforce has the same problem as the health workforce. On one side we have definitely absolute shortages of select health care providers; there is no doubt about it. On the education's side of the street, we have absolute shortages of certified teachers, particularly in the freely associated states. And there's the group that are working hard which I already acknowledged and the Secretary acknowledged them, the people that are working hard in the jurisdictions in spite of all the bad press they might, their healthcare systems might be getting, and this is the current health workforce. And generally, many of them, not all, are undertrained. And on the education side of the street, the teachers are undereducated (not certified). I thought I had his two minutes. No? Okay, we'll talk fast. There's the pipeline K-12, it's not working.

We're not providing these students skills and so when they graduate they cannot compete in or succeed in science-based health careers. There's bridging programs, they're more successful. And this is a slide showing a number certified teachers in the region, and I'm not to waste time showing you, but the freely associated states clearly have many teachers who are not certified. So is it surprising that kids aren't doing so well when they graduate from the 12th grade, and they can't succeed in and qualify for science-based health career programs? Thank you, thirty seconds, alright.

So what were the recommendations out of PIHOA? Well, we need a new pipeline. We need to develop a career ladder, the bridging programs, management training, overall HRH planning which is in heavily needed, and partnerships with local institutions. That's the key, local institutions of higher learning or community colleges. Here's an example of a wonderful bridging program that succeeded: we had pharmacy assistants and they became pharmacy technicians by distance from the University of Alaska at Anchorage through the University of Hawaii at Hilo. Thank you to Dr. Alphonso. Here's another one, well I've got to stop. At any rate, here's career ladder training for nurses and this is working in the region. We recruit men and women to be nursing assistants that go to be local LPNs and they go on to be RNs in our community. It takes a long time but it is working. These are some of our major initiatives with PIHOA developing our strategic plans, three out of six are done, FSM nursing program and trying to get that up and running. An AS degree program in public health, a very innovative approach of training a current workforce in public health, community oral health program (they're all retired); and public health strategic planning training which is necessary to push forward the primary health care agenda and quality assurance initiative. Now, how are we going to do this? Well really, the Department of the Interior has a flexible process through the technical assistance grants where we can start the College of Micronesia - FSM nursing. We can strengthen the Palauan RMI nursing programs. We can set up the College of Micronesia, Palau community college of public health, a degree in public health program, developing Allied health schools etc. in the region. We can do this. I ran the medical office's training program for eleven years, which repopulated the indigenous physicians in Palau, in the FSM, and in, not to such a great extent, in the RMI. We can do this. Stop.

Anyway, human resources, Department of Health and Human Services, if we can align the grants that are available, we can actually move forward our agenda, particularly with the Department of Defense getting interested in our area. The JTFHD, the Tripler Army Medical Center, they're a part of our family. Thank you very much.

(Secretary Kempthorne) Doctor, that was tremendous. I might add, while we're waiting for the next, maybe I shouldn't admit this, but where I stayed in Palau had the best pastries. I mean, I don't eat a lot of pastries, but I did then.

(Toaga Seumalo) Good afternoon. Before I start, I'd like to recognize one of the co-founders of the American Pacific Nursing Leaders Counsel, Mrs. Sally Tsuda, would you please stand to be recognized? And I take this opportunity to convey our greatest appreciation to the Honorable Secretary of the Interior, Dirk Kempthorne. It was during

our meeting last year in American Samoa that we were honored with his presence and the problem with the Chuuk power and water was brought to his attention. So on behalf of APNLC, we thank you for your immediate and urgent response to that problem. And I thank all of the organizing organizations and agencies for affording APNLC the opportunity to be part of this summit.

American Pacific Nursing Leaders Council has been in existence for thirty years now and that's a long time. But thirty years later, we're still struggling with the same problems. American Pacific Nursing Leaders is a council comprised of the island jurisdictions including American Samoa, Chuuk, CNMI, Guam, Hawaii, Kosrae, the Marshall Islands, Palau, Pohnpei, and Yap. The organization was founded on the idea that given the vast distance within the region, there was a need to come up with a forum so we can bring together the Pacific islands to talk about nursing problems that are affecting our island communities. So the purpose of APNLC is a forum to communicate, or a communication mechanism for nursing leaders within the American Pacific basin. And it is also a forum where we explore educational needs depending on what each jurisdiction brings to the table. We discuss issues that confront the nurses in each island jurisdiction. We examine solutions to problems and resolutions that our nurses are being faced with in our island communities, and we share expertise of nurse members within the Council and without a membership. APNLC was also built on the idea of partnerships and collaborations. Over the years we have accomplished so much in working collaboratively with the WHO (World Health Organization), the HHS' Region IX Department of Public Health Services, CDC, PIHOA, and other professional organizations. Now you see where we are, we're so spread apart and I'm sorry I don't have Hawaii on the map, but I'm glad we're here in Hawaii.

Some of the major issues and challenges you've heard all morning, the problems, issues, challenges is pretty much the same within the jurisdictions. Nursing shortage, it's not a problem that pertains to the just the Pacific basin, it's a worldwide problem. Nursing leadership, we think that's also a challenge for the organization and the jurisdictions. There's a need for continuing education. Given the distance and how spread apart we are, it is important in order to provide quality, safe nursing care that our workforce be competent and up with the trends. Standards of practice, each island jurisdiction has their own nursing practice act, or some form of an act, that we make sure we comply with those standards being identified. Not only to meet other regulating standards, but to make sure that our nursing care is safe and will produce positive patient outcomes.

The nursing shortage, since it's the major challenge on the island jurisdictions, there is a nursing workforce crisis throughout the Pacific and because of the need to increase nursing manpower we have to increase nursing educators and faculty. And currently there is a faculty shortage throughout the region and I'm pretty sure worldwide. And right now APNLC is part of the grant that was just awarded called "The Partners in Nursing's Future". The applicant was from the foundation in the Marshall Islands and it was submitted to Northwest Health and the Robert Wood Johnson Foundation and we are going to be working on that to make sure that there's faculty development within the colleges throughout the region. And the use of eliminate computer program last year, our

nursing educators were just introduced to this program that I'm pretty sure that a lot of you are familiar with but it's something new for a lot of us nurses. Pipeline of nurses, we have to make sure that we do have a lot of qualified faculty to make sure that we produce qualified nurses for the workforce. One of the barriers in addition to the nursing shortage is the licensure issue because, as I think one of the speakers alluded to, that with the US territories in order for you to be employed in the territories you have to pass the US national licensing examination. So that that poses a challenge for a lot of our nurses in the FSM because of that licensure issue. And also we have to a plan for a sustainable workforce. Nursing leadership in our minds as an organization, when we talk about nursing leadership, we mean capacity building. Every nurse is viewed as a leader either in whatever capacity of nursing they're working for so we try to offer continuing education and mentorship, leadership, and management training to make sure that we foster and develop a lot of our new nurses to be nurse leaders. And during the APNLC annual conference, that's one of our main responsibilities to make sure that we help them with a lot of the leadership and management skills and the need for CE that I mentioned earlier. You have to have a qualified workforce and have them for staff development classes and now we're looking at PISA to conduct distance CEs within the jurisdiction. And the University of Guam School of Nursing has taken up that leadership initiative. Standards of practice, you know, each island jurisdiction and that's how we revisit and upgrade our rules and requirements, to make sure that nursing care is safe and also quantity care for our island communities.

Our role in the region now is focusing on more collaboration and partnerships, and we're now in partnership with the WHO for the mapping exercises and the data will be available you know, in the near future. And as deputies and administrative officers for the last thirty years, our administrative duty has been moving from jurisdiction depending on who the officers are. And at this time, on behalf of the APNLC, Honorable Kempthorne, we're forever grateful for having been funded and now we're going to have a permanent office. And also grant development, we don't have that much money. We only fund small grants to our island jurisdictions for QA projects that we think are more applicable and relevant to other island jurisdictions. And since I don't have much time, thank you for your attention.

(Thome Joel) Thank you, as I said earlier, I introduced myself as the President of the Pacific Basin Medical Association, so my talk should cover all the associated states within that association which includes FSM, RMI, Republic of Palau, Samoa, Guam, CNMI. We met last the August. I requested to be on this panel because our topic for that August meeting was actually the topic of this panel, the human resource crisis going on within the Pacific. And, as I recall, Dr. Dever said it correctly. He corrected the title of our topic because the title was initially "impending crisis" but actually, in the Pacific, it is not an impending crisis, we're actually living the crisis as of now.

This (reference to power point presentation) is just to illustrate, unfortunately I didn't get the statistics from the other states which were not present at the time, which was CNMI, Samoa, and Guam. But for the freely associated states that were there, this is a short survey that shows what we have. So basically, the difference between the different

associated states, CNMI, Guam, you can see the land mass compared with the population. Health outcomes within the states also differ when you compare to the US. I mean, comparing the freely associated states to the US in infant mortality, for example, FSM is six times that of the US infant mortality. Longevity as we discussed earlier and I think Dr. Garcia mentioned, in the adult male, if you are up to sixty-six, you will not live longer than that. You look at FSM – sixty-five, RMI – sixty-four, US is seventy-seven, so there's a big difference there. Another thing that was not on that graph earlier is the disease pattern within the Pacific has actually changed since the last couple of decades. In olden days, it was mostly communicable diseases killing off people. But as the technology improves, medicine improves and with the changes of to a more sedentary lifestyle, vehicles are there, people don't walk, people don't go to gardens. You just buy a canned meat, get in a car and drive one mile. People just become more and more sedentary so non-communicable diseases have become more and more the common causes of death, mortality, morbidity within the Pacific islands. Again, we still have malnutrition; vitamin A deficiency is a big problem. So if you look at the population ratio, this is sort of what it looks like compared to the other states. This is the doctors to population ratio. I want to go over that but I only have seven minutes so I'll just run through this quickly.

The other thing is because we also have a problem where I think it's all universal throughout. During this meeting in Yap, we came to a consensus between all the states that were present and their main problem was the same thing: problem with the brain drain, we have a problem in that the workforce we have now, as for physicians, almost half of them are about to retire within the next maybe one or two decades. Those that will stay on are not enough to cover the population growth that's coming. On top of that, we don't have many students, many individual students who are going off abroad to do health related, medical related professional training. And one of the other things that also came up in the in the meeting was a short survey that was done by Father Hazel and his findings were, it looks like it seems in the past years, in the old years the training, primary and secondary training schools have become less and less standard so the students that are coming out now don't make it. In fact, just from my general knowledge, so far from FSM we've had about four who have gone off to do medical training and all of them have failed. So we actually have a hundred percent failure. So that on top of the other problems makes things worse.

So what are the plans for the region? As Dr. Dever mentioned, there are ongoing HRH plans in as far as training and opportunities for on island, in island, and off island training. On Yap, they started up a summer program to look at talents and to start the initiation of getting them into medical professional training. Chuuk who was present at the meeting did not give us any comments as far as HRH. Pohnpei state, there is an ongoing local talent program in the high schools and in the college, only college which is in Pohnpei, there's a hedge cut program that's going on. And this program actually gets students out and prepares them for pre-med courses and eventually they go off to do post-grad, medical training. That sounds all good, but the other main problem which everybody tends to try not to talk about is the fact that everybody understands that once you go out to get your training, you are there and when you finish it's always the thing

that holds you back is always the same thing, it's the lure of the green paper. And I think one of the other things that was brought up was if we could increase the incentive for those going out to come back because when they are out there, the salary compared to what they would get when they come back is very attractive and hence, they don't come back. This slide just shows the prototype of what should be and some of the freely associated islands still haven't met these prototype world standards for health. So I mentioned earlier the HR concerns, the reasons, the push and pull factors, so poor working conditions, poor remuneration, poor health care management, the working environment, available strategies. We've tried in the past to do bonding and incentives and bonding seemed to work for a while but it never really holds them back. As soon as they get there and they get a job offer which is more attractive, they leave without even getting their bonding settled. So stop. Thank you.

(Dyanne Affonso) Honorable Secretary Kempthorne, Peake, and Chu, I bring you greetings from the Institute of Medicine, and especially from Dr. Harvey Feinberg, the president of the IOM. He sent me a letter and wanted me to share with all of you and the distinguished audience and the governors and the presidents of the Pacific nations that the Institute of Medicine would like to contribute to your vision and we would like to be partners in moving the health of Pacific islanders. And so my presentation Secretary Kempthorne, is a little overview of the Institute of Medicine. Just to give you an overview that it is the Congressional charter to the advisory to the Federal government and the examination and investigation of policy matters that pertain to the health of the public. And the Institute of Medicine reports, as you know, are change agents for policy practice and education and research. And so what I'd like to do is to remind everyone that we are part of the National Academies, the last Academy really because there was the Sciences, as you know, and Engineering in 1964, and Medicine, IOM came in 1970. So we're a part of the National Academies of Sciences in our country. So it's important that the IOM work is done through study committees, to investigate, multidisciplinary investigations and outcomes.

There's a first phase, it's multidisciplinary, where we bring together colleagues from different disciplines and the people of the communities and the neighborhoods and there are underlying principles which guides the work of the committee and this is very, very important. The other part that is important is the critique aspect. What is the state of the science? And that's why the Institute of Medicine work becomes a platform; it becomes a basis of work for initiatives because the science aspect, or the arts and science aspect, of health care is brought, it's articulated for you through the committee's work. But more important, and Secretary you mentioned about frameworks, IOM work has conceptual orientation and organization because you need horizontal partnerships and intersections to make things work. And then we can produce what we call the new language, the new pedagogy, the new way of looking at common and persistent problems.

Phase two is the beautiful part about the people, the public, the testimonies, the site visits, the commission papers by local experts such as indigenous cultural healers and the government's different committees, health ministries, etc. for public will and action. And IOM work matters because the publications actually become health initiatives in our

country. And more than just initiatives, it does impact standards, practices, licensures. Almost all our bar, health professional educational groups, they now have accreditation requirements that has IOM language in it. So Dr. Dever told you about the Pacific Report, the original IOM report that happened in 1998. But now there's a need for a new study and IOM is advocating for that, Secretary, in terms of the pedagogy advancement since 1998. There's a whole new language, a whole new mantra. The health care systems in the Pacific Islands have to be reevaluated. And baseline databases for the twenty-first century are essentially missing for Pacific Islanders and this is very important for IOM to take a look at that. The other part that's important for this panel is on workforce shortages. The professional education and workforce has to be aligned with the IOM core competencies and that has been articulated and almost all of our American universities are teaching according to those competencies. Preventative sciences have had major advancements in care initiatives, and we need equity for our Pacific islanders to be accessing that kind of scientific information. And more important, we need to have the health priorities as the Pacific Islanders see it. What is also their vision and priorities for health care?

IOM mantras of the twenty-first century, we all know it: patient safety, quality of care, primary care networks. The IOM mantra for example, patient centered care is a core competency for health professionals, as articulated in this book which is being used by all of our medical education: nursing, dentistry, pharmacy, public health in 21st-century healthcare processes. The IOM report is now being implemented all across the United States; we don't just do visits anymore. Every encounter between the people and a health care professional is a continuous healing relationship process, and needs and values have to be incorporated and that's what's in quality care and outcomes, IOM report.

Then there's health disparities, and Secretary Kempthorne, disparities take on a different context when it comes to Pacific Islanders. Right here in Hawaii for example, we have main island and then we have neighbor islands and so the disparity pictures take on a different character. It's similar with other island cultures, you have main island and then you have the other islands. But we like to, and IOM recommends, not just profile the problem but to make recommendations, top story, assessments, and histories because in Pacific cultures, our talking about experiences elicits powerful databases. And meaning of symptoms matter because we have cultural languages by which we communicate in symptomatology. That's important in finding appropriate treatment. And when English is your second language we're not just translating words here, it's the translation of the context which is health literacy. And remember, for Pacific Islanders, culture is sustenance. One of the opportunities that IOM sees is that in a new IOM study, we would have tremendous lessons learned from our other Pacific Islanders. Because when it comes to cultural competency, they are the center of excellence. The Pacific Islanders have cultural databases that we need to tap into. The cultural encounter is life, is sustenance. We don't add cultural competency to health care, it is health care. Cultural knowledge has a whole different vernacular, and cultural healing practices have so much to offer the rest of us in the United States. And so, Secretary, we are saying IOM is advocating for us to be part of your vision and hoping that you would consider with the other secretaries that there could be a new IOM study for the health of Pacific Islanders.

Thank you very much.

(Jacque Spence) Secretary Kempthorne, Secretary Peake, Undersecretary Chu, and Assistant Secretary Garcia, thank you so much for the privilege of being here, And to distinguished heads of state, Ambassador Bishop, and my loving Ministry of Health personnel that I've had many, many years of working with, thank you for blessing my life. In 1981, my husband Jamie and I founded Canvasback Missions. We started as a ship based ministry program to assist the Ministry of Health services in the Marshall Islands to establish their outer island dispensary system in outer islands. Twenty-seven years later, our programs are now land based. Canvasback's two major programs are mobilizing specialized surgery team of volunteers to provide specialty care and continuing education to the hospitals of Micronesia. Our other major program is the diabetes wellness program in Majuro where we have partnered with the Department of Defense and the Marshall Islands to reverse the epidemic of diabetes.

I'd like to show you examples of how you can enhance your efforts to provide affordable specialized care, adequate equipment and supplies to support that care, and empower health service personnel to deliver specialty services all through volunteer power because volunteers leverage resources. Delivering affordable specialized care as we have heard today presents a challenge because referrals are costly. And if you have an on staff specialist; supplies and equipment are often too costly to support that specialist. Also, there's an overwhelming backlog of patients. Here are actual examples of what a two week Canvasback volunteer medical team can provide (the Ministry of Health paid only the cost of transportation and per diem and then got over \$1 million worth of care): Ear, nose, and throat team: \$700,000 in services; Ophthalmology: \$582,000 for the service, in just two weeks a six person team could do this; Orthopedic team: \$671,000 worth of services. Volunteers leverage resources. For the cost of transportation and per diem, and you got over a half \$1 million for the care. Now that's 2500% return on your investment. That's a lot of bang for your buck. This helps to relieve backlogs of patients and we put the staff specialist in a position to succeed. Another challenge is providing the equipment and supplies because we know there's not enough money in the (local) budget to buy all the equipment and supplies for each specialty, and hospitals often pay top dollar for equipment that's not always appropriate for the environment and the equipment is costly to maintain. Well, Canvasback volunteers bring all of the equipment, all of the supplies to provide a service plus they bring excess to donate. But it gets even better because volunteers become advocates, they go home to the states, to their plush medical facilities and they leverage equipment and supplies from their pharmaceutical companies and they get the best prices or donated equipment. Here are some examples of what has been provided full of just this last Thursday: Philips health care donating an HD3 ultrasound machine with color doppler that will be delivered to Ebeye by the end of January; and Diabetes wellness equipment for our clinic in Majuro, much of the equipment for our diabetes wellness center was donated. Containers of medical supplies, equipment, and pharmaceuticals; forty foot containers have been shipped to all the hospitals in Micronesia. The initial investment of transportation and per diem yields bonus returns in equipment and supplies.

Another challenge is empowering health service personnel by providing continuing education. When you send your personnel off island to train, we know that it's costly and there's only a limited number of people who get trained. There is minimum hands-on training and the trainee is trained on equipment that he's not familiar with in an unfamiliar environment. We have been very successful in getting volunteer medical staff, medical and dental staff, to conduct two week intensive on-site training programs. This is more cost effective. It trains more people, you can train the entire staff, and hands-on training on equipment that you use right there in the hospital is more effective. Here are some examples: all the dental staff were trained to do four handed dentistry which made them more efficient. Not only that but there was a bonus because our Canvasback team installed a central vacuum system, x-ray unit, lab equipment and repaired all the units. Torigiosurgery training: Dr. Lipiazza received hands-on training on an operating room microscope and instruments to perform the surgery and just a few months ago in Yap, he did all of the torigiosurgery while our team did the cataract surgery. Arthroscopy training: Dr. Trinidadian in Ebeye worked with our orthopedic surgeons and on equipment that was donated to him.

Now another thing that happens when you have volunteers on the ground on your island is that they get an insight of what is really needed. They create new programs to help empower health services to provide affordable care. And here is an example: Canvasback's diabetes wellness program came as a result of our volunteers seeing the need in developing a wellness program. That's a lifestyle change program where our patients are reversing diabetes, that's what we've heard a lot of today, through intense lifestyle intervention involving nutrition and exercise. Our volunteers saw that wellness medicine has the potential of reversing the deadly epidemic of diabetes in the Marshall Islands.

So to sum it up, I'd like to say that volunteers leverage resources. They can help you provide affordable specialized care. Remember for the cost of bringing a team, you receive 2500% return on your investment. Volunteers help provide equipment and supplies. They leverage the best deals, they leverage donations for the hospitals and they can help empower health service personnel to deliver specialty services. Thank you.

(Captain Walmsley) Thank you, panel. I would turn the following discussion to you, Secretary Kempthorne. If you have anything to add to your table, we'll open it up for discussion.

(Secretary Kempthorne) No, I'm just very interested, and to open this up, that's what's important. Here's my concept as we go. I've always been under the belief that a hospital should be in an oasis of cleanliness and order of the highest caliber; it should be the standard of any community. When you walk through the door, the sheer gleaming floors are the first indicator. I didn't always see that. So how do we get from even something so basic as that, such as fresh paint on the wall? How do we get the infrastructure so you don't have doorstops that are wrapped with athletic tape that has been there for years and harbors disease? How do you get the equipment? And as you referenced about the equipment that has perhaps been sent to you but you don't have the trained technicians. If

we were to magically transform the thirteen hospitals so that they all were this gleaming example of what we would hope and pray for, can you really sustain it? Do you have the pipeline that will have a steady flow of people to provide the professionalism or how long until we are back in the system? So is it a structural problem? So I'm just very curious of any and all aspects of this from the very pragmatic of bringing them up to standards to having equipment that really fulfills their needs and not equipment where there's no personal room to the long-term.

(Captain Walmsley) Anyone on the panel care to speak to that? Or in the audience?

(Secretary Kempthorne) Or in the audience? Am I, I mean, am I seeing it correctly or am I missing something? Yeah, who's, come to the microphone. Heck, we'll move the microphone around. Somebody made a comment that we're seeing it the same way. Okay, right behind you, Joey.

(Patricia Tindall) Hi, I'm Patricia Tindall from American Samoa and I run the LBJ hospital there. On your first question about gleaming floors, one thing you need is to define very clearly the expectations. I think LBJ is much cleaner now than it was maybe two years ago because something simple wasn't explained. So those expectations are very important. I think something else, we're talking about medical professionals and our nursing staff, and I think that we do have Expats that are working in LBJ and a lot of them do leave. They have contracts through the National Health Service Corps. We've been very, very lucky in getting doctors to come to LBJ. And some of the things that we need to focus on though are providing services for them to be able to work effectively. So we need to train our staff and we need to train our indigenous, the Samoans need to be trained, they need to have that opportunity. They need to see a career path in health care, and I mean more than just if you sit here and do this job for twenty years, you can finally retire. That is not a career path. People want to be recognized for what they put into the system, and we need to give them a career path and some educational opportunities so they can have a career path within American Samoa. They don't have to leave then. I'm talking about my radiology techs, my lab techs, my pharmacy techs. And I think distance education is an excellent way to do that. We were working on some distance education programs. But having those techs, lab techs, radiology techs, pharmacy, respiratory, available for the doctors who do come to LBJ makes their working environment much easier; it makes medical records available; and it makes their working life as a medical professional much easier. So I do think that there's a big difference between health and medicine and this is a health care summit and we spend a lot of time talking about medicine which is what you get when your health care has fallen apart and you need to get medicine after you don't have good health. We do need to focus on health care in the beginning, education and nutritional awareness and a physical education programs in our schools for kids, keeping people healthy so they don't have to take medicine in the end and having a really good support structure, having a clean building. Being really clear about expectations so that when we do get specialist who come, or we do have equipment it can be maintained and can be used. I think it's really a ground up, something from the ground up. They have to start with very basics. And then once you do that, well you can continue to go forward. Without those basics, those specialists are not willing to spend

their entire career in Samoa or in one of the other islands.

(Secretary Kempthorne) Very good. Let me ask you one more question then. How do we effect standards and then how do we help achieve those standards?

(Patricia Tindall) Someone else can answer to that.

(John Whitt, Chief of Staff to Congresswoman Bordallo) I'd like to make a very modest suggestion, the Department's OIG report was pretty good, but even I took umbrage at some of the things that were said because I think that it was not a balanced report. I found one sentence disturbing, about how it talked about how the community of Guam paid for six ambulances as if that's a bad thing?

But I do want to make a couple of suggestions, one is on the question of the facilities and how they're maintained. There's too much politics in our island. If you have a report about the status of the GMH, it would all fall back on the poor Governor, that he privatized janitorial services or he has bad management or this or that. That's the one thing we are all wary of in the island governments. One thing that, on a very modest level, could work is if PIHOA could lead peer reviews. You go and work with them and you talk about best practices among the different hospitals. And you start from where they are and you commend them for improvements every year. I think that has the possibility of doing what the Secretary is talking about. You start at a very basic level and you share best practices and you bring the small problems to the attention of the policy makers. If you can do it that way and commend GMH year after year for small improvements, I think you'll get there.

Second suggestions, on doctors and nurses, it's a perennial problem in the islands. Unfortunately for Guam and the CNMI, right now we can get them in under the H 2 program and that may not serve our best interests in the long run. But I think when you're looking for doctors and nurses, it's hard to find high school students that can get into a good premed program and then get into a good medical school in the U.S. And unless you find them from Guam, they're not coming back to Guam. At the VA clinic on Guam we went through four doctors in three years until we found a doctor from Guam in the VA system. And he came back to Guam and he's there now and we're not worried about losing him any time soon. So the key is to find doctors from your island. And the place to find a doctor is not necessarily to find the students with high SATs. The place to find doctors is to find good nurses and give them fellowships and send them to medical school. And find good chemistry teachers. If you can do what you do for UOG you will get there. Why do I say that? UOG has a program where you can get a fellowship and you get your pay check. You're paid to get your Masters. If you could do that for chemistry teachers, and biology teachers and nurses with a couple of years of the nursing program completed, and you offer to pay for additional schooling and they get their paycheck, of course you will get people willing to go into the medical field. You will find way more if you show advancement for people. You will get people to participate. And if they are from the islands, they will come back.

To Joe Ludovici and Admiral French, we're going to bring 10 to 15,000 H2 persons to Guam, and I heard in the oversight hearing that you're looking at giving them health care through the clinics and through Naval Hospital. And that would be a big mistake. You've got to pump them into the local economy. Either require those contractors to provide insurance from local firms to pump money back into GMH, or require those off-island companies to contract with public health or contract with the GMH. Otherwise, all that money from 15,000 fairly healthy people that could add to the economy of our insurance industry would be lost. So my suggestion on that is find a way to require them to provide insurance through the local insurers. Why? Because the local insurers are the ones that are going to pay the bills to GMH and to private hospitals. Pay the bills through insurance. And that's the private market approach to the answer not to let them use Naval Hospital.

(Secretary Kempthorne) Thank you for the contribution. You know, Johns Hopkins University's, their philosophy these last few years is, "send us your liberal arts majors, and we will make them physicians." I think that's positive. Now that's coming from a non-physician.

(Pete Sgro) I am the President of the Guam Health Care and Hospital Development Foundation, a nonprofit group in Guam. First of all, I really enjoyed the last presentation since it's very consistent with I attended the world hospital conference that was hosted this year by Seoul, Korea, and the theme of the entire three-day conference which had over 3000 people from all over the world was collaboration for purposes of improving the standard of care in your various areas. I want to start first with what I believe to be a short-term solution to physicians and the needs of our physicians, not just in Guam but also in some of the insular areas since we all share the same problem. And Secretary Kempthorne, I'm asking for your leadership because this actually originates from the U.S. Department of Public Health. Some of you may be aware that Guam, and I'm not sure about the other jurisdictions, was designated as a physician shortage area. Now just last week CNBC reported that are hundreds of millions of dollars in outstanding Federal medical loans to students that are now practicing doctors. Now those students, if you're designated as a physician shortage area, if they worked in Guam, if they worked in the CNMI or they worked in another of the designated insular islands, for every year they worked, 25% of their loan is forgiven. I view that as being really more so a responsibility to come as a moral obligation and, actually, from the Department of the Interior rather than from us in the Insular Areas, to help foster that because it's difficult when you don't have the resources in Insular Areas to have, I'm going to call it, a sophisticated recruiting plan. That origin of this whole program originated with Congress. So I think that that's one area where you have literally hundreds of thousands of doctors that owe the Federal government money, and what more than to want to pay down a \$250,000 loan when you're a young doctor just out of school.

The last lady, I notice that there must be relationship with SDA. I wanted to make a comment that with respect to our foundation, we actually interviewed a total of 12 nursing recruiting companies in the Philippines, and out of all 12 we selected one that I think is superior to any other. The NCLEX Exam can now be taken in various countries

including the Philippines. As of two weeks ago, there were 300,000 nurses that were available to work overseas. There is an organization that is based in Maryland that is easily a 30 Minute Drive from the capital called Adventist Health Care. Adventist Health Care is part owner of a company called *GROW*. *GROW* is a nursing recruiting company that is based in Manila and the reason why we determined them to be the best recruiting company is because the Nursing Registry is the only Nursing Registry that is owned by a United States health care system. And what they have done is they've actually sent nurses from Maryland to the Philippines, not just to help them learn how to pass the NCLEX but also to transition to the US standard of care. So I would really encourage getting in touch with *GROW*. We talk to them on a weekly basis and, as of last week, they have two hundred and thirty-five nurses that are licensed to practice in the Insular Areas and in the United States. Thank you.

(Secretary Kempthorne) Pete, thank you. That was very helpful.

(Governor Togiola) The State of Hawaii has developed a program with the University of the Philippines where certain courses are articulated so the nurses' training could be standardized to stateside standards. I'm not sure where that is now, but I know Governor Lingle has been working on the program to help solve the shortage here in Hawaii, and I have asked to piggyback on that program. We've had some success with Ms. Tindall's recruitment from the Philippines for nurses because we have the same problem of shortage of nurses. That's part of what Governor Lingle had developed for the State of Hawaii and I don't know if that's been formalized or not, but I figured that is something that we might also examine in trying to serve our needs in the Pacific. And that's been a program that if properly articulated would mean that the nurses graduated from the University of the Philippines will already be qualified to take the exam in the states.

(Secretary Kempthorne) This concept of "paying down" for your schooling. That concept is similar to what we do with military. If you go into JAG, then you become an attorney, you're going to be asked to provide a commitment of few years back to your country. When you go to medical school and you receive medical training, and you're a military physician, you're asked to give back a portion. Admiral, we were at Midway together. You know, the location of these islands is every bit as strategic today as it was 65 years ago, and so one of the concepts that I think I'd like to throw out there is could you put the islands that are United States territories and freely associated states to the United States of America into rotation for our military physicians?

(RDML Admiral French, COMNAVMAR,) Thanks for the opportunity to be here today. I've certainly enjoyed it. Before I make any comments, I just want to emphasize a point you made earlier and that is the propensity of the folks from the Insular Areas to serve in the military. You gave one great example, Vice President Chin. President Mori's daughter serves in the U.S. Air Force; there are many other examples out there. I guess my pitch is as I listened today, I think there's a common theme. But to get the health care folks, the experts we need to come and serve on the islands and stay there, there's a better propensity if they're from the island. I think the military gives you a great opportunity to go off and do something, whether it's to serve in one of the services in

some capacity; there's opportunities to serve as a core man; opportunities to serve as nurses; or you just go off and get an education. You come back at a relatively young age, assuming you to come back to where you're from, in your 30s. If you did then decide you want to go take a leadership role within the medical community, you can do that. Take a leadership role somewhere else, you can do that. I think there's lots of goodness in there, lots of potential.

What I haven't heard today is people talk about mentorship. How do we help those young people or those folks that have that talent and expertise that can go to medical school? How do we convince them, how we individually tell them, "hey, you have this opportunity, you have this talent, you have the skills." How do we get them down that road? So I would add mentorship to the process in which were looking at how we can encourage the right folks to go off and be successful. So I think mentorship coupled with a many other good ideas here will pay dividends down the road. So thanks for the opportunity to comment.

(Jacque Spence) In reference to mentorship, many times Canvasback has brought young people along with us to do our programs. In fact in my latest newsletter, I have an ENT doctor who said he came with his parents twice when he was young, and then he became a doctor. And I was thinking about it today that while Canvasback teams are working in the islands it would be very nice to have some of the Marshallese and FSM youth work with our teams and give them a vision of service and what they can do in medicine. I think that's a great idea.

(Secretary Kempthorne) Very good.

(Neal Palafox) Secretary Kempthorne. I went to speak on the issue of sanitation. To clean a hospital, it takes about between 5 - 10% of the operations budget. And in a small community hospital, 40 beds, budget: \$40 mil annually. The Marshall Islands has 100 bed hospital in Majuro and 35...**(contractor technical difficulties dropped the recording. Mr. Palafox discussions continued and, among other things, made evident the extreme differences in available financial resources (comparable to facilities of equal size in Hawaii) and the lack of identified standards of care and priorities of services. Information is available in Dr. Palafox's presentation, Panel 3, found under Section VI, Day 2 of the report.)**

AV 09.30.08 HS 1: 2nd day, Summit start, Panel 3 Standards and Following Floor Discussions

(Secretary Kempthorne) Take your places. We will begin day two, building upon a very successful day one. Aloha! Talofa lava! Hafa Adai. Yokwe yuk. Kaselehlia. Ra anim. Kefel. Len wo. Alii. Howdy!

Nice to see all of you. President Mori, thank you for being here, President Chin, and Secretary Villagomez, Commissioner Fludd. Secretary Villagomez...it's funny, that term 'Secretary'. When I became Secretary I thought it was pretty cool because it was National Secretary's Week. They've done away with it! I never even got a card. Anyway, I'll write you. You send me a note, I'll send you a note. Happy Secretary's Day to all of us.

Once again let me thank Dr. Peake, Dr. Chu. Let me acknowledge, Dr. Garcia was called to another assignment. Tom Lorentzen, we appreciate you coming in, you have Region IX. Here is the game plan: We have two panels this morning, we have two opportunities of the open mic. So we're just going to roll. And then I would like to get as much input as possible. I will tell you right now, all of these proceedings have been captured in recordings and from this will come a compilation, a condensation of the key points. They will be organized, and it will be distributed to all that are here. That gives us good data from which we can work. And then the working groups will be established and proceed. Before we begin the panel, let me just ask, Dr. Peake, any initial comments before we begin?

(Secretary Peake) I just appreciate the forum that has been created here and the sense of community that it really represents. And as I kind of wandered through the crowd at the reception last night, I think everybody really appreciated the opportunity to get the issues on the table and to talk them through. And so I'm really looking forward to this day as well.

(Secretary Kempthorne) Perfect, thank you very much. Dr. Chu?

(Secretary Chu) Let me just reiterate what Jim Peake said. I appreciate your leadership in organizing this, and I certainly learned a great deal. It's clear that there are some points of consensus. There are also points of disagreement. But very valuable to hear all those perspectives. And I look forward to what the afternoon session may produce in terms of ideas about the way forward.

(Secretary Kempthorne) Very good. Tom?

(Director Tom Lorentzen) Yes. Mr. Secretary, I want to thank you for this wonderful event. It's turned out to be quite outstanding, and I reported back to the Secretary's office this morning that I thought that this has worked out exceptionally well. And the health and well being of the Insular Areas is certainly in everyone's interest. Maybe this

format is something to look at in considering to be done on an annual or bi-annual basis in the future to go forward.

(Secretary Kempthorne) Good. Very, very good. Let me also thank Governor Togiola Tulafono, my friend, thank you for being here with us this morning.

We have referenced the Inspector General's report. This meeting is not a result of the Inspector General's report. It happens that he issued a report, but this (meeting) is an outcome from my trips to the islands. This is an outcome from my discussions with these wonderful leaders here and with our island leaders. There are things in the report which are serious and sobering that we must address. But let me say, there are positive things that are happening in the health care in the islands, and that is also part of what we are doing here and will be captured in this task force. So let's build upon the good, let's correct the challenges. But let's acknowledge the outstanding devoted caregivers that have devoted their life to this. When I met with those 125 nurses, I met with 125 angels. When I meet with the physicians and the caregivers, the people, the administrators, the hospital administrators, you all care. You advocate. And I think we have now enhanced your partnership. That's the key.

Alright, with that, we have a wonderful panel this morning that is going to be discussing improving standards of health care quality, quality-insurance programs, hospital sanitation. I think this is a very key panel and I'm really looking forward to your comments. So, with that, Captain, you are once again our moderator.

(Captain John Walmsley) I am still John Walmsley and I am still with the Office of Pacific Health in Region IX in San Francisco, working for Admiral Ron Banks. Welcome to the second day of discussion here. I would like to remind my panelists that each person gets a finite amount of time with the time keeper up front who will be flashing stop cards. At the front of our panel is Mary Rydell, Dr. Skilling, Julio Marar, Justina Langridik, Carmelo Rivera and Neil Palafox. I'll ask each one of them to very briefly introduce themselves right now.

(Mary Rydell) Aloha. My name is Mary Rydell and I work for the Centers for Medicare and Medicaid Services (CMS). I have the best job in my agency. I actually work alone here, in Honolulu, and I cover Hawai'i, American Samoa, the Commonwealth of the Northern Mariana Islands and Guam.

(Vita Skilling) Good morning, I'm Vita Skilling. I'm the Secretary of Health and Social Affairs for the Federated States of Micronesia and I'm here today to represent three of the four states in FSM, working along with Dr. Marar.

(Julio Marar) Good morning, my name is Julio Marar. I'm the Director of Health Services in the Chuuk State in the FSM.

(Justina Langidrik) Good morning, my name is Justina Langidrik, I'm the Secretary of Health for the RMI.

(Carmelo Rivera) Good morning, I am Carmelo Rivera. I am the Chairman of the Government of the Virgin Islands Hospitals and Health Facilities Corporation.

(Dr. Neil Palafox) Good morning, my name is Neil Palafox. My day job is Faculty and Chair of the John Burns School of Medicine's Department of Community Health. But I'm also a Board Member of a volunteer organization in the Pacific called the Community Health Foundation; and also a member of the Compact Impact Committee in Hawai'i; and also have a program where we take care of the nuclear affected people from the US Nuclear Testing Program in the Pacific. So, wearing many hats today.

(Captain Walmsley) Okay, thank you panelists. Reminder to the audience that we will follow the same format as yesterday, where each person gives a brief presentation and when we are all done at the end we will have some questions and answers. Mary...hit it.

(Mary Rydell) Okay, anybody who knows me, I'm not Puerto Rican but when you put a microphone in front of me it's kind of hard to make me stop. So I just wanted to talk briefly just to give you an overview of our HHS initiatives, then Medicare Hospital compare. But I want to go through the first ten slides really, really fast cuz I don't have a lot of time. But I do want to talk about our Quality Improvement Organizations and our Survey and Certification activities and how to stay informed. So the first thing to do is to introduce my agency. We administer three very large health insurance programs. We spend an awful lot of your tax money every year and we do have the responsibility for monitoring the health and safety of our providers that serve our beneficiaries. All of our funds are used very specifically for people who are either entitled or eligible for our program so we don't cover everybody, unfortunately.

The four cornerstones to value driven health care, and it was very important that we used the IOM study published in 2000 about medical to come up with a lot of these things. But health information technology is very important because we can control quality, and it provides a way for systems to talk to one another. It's important to publish quality information. Starting in 1998, when we started with Nursing Home Compare, you knew more about buying a car than you did about where you were getting your health care so it's very important to do that. Also, measure and price information, you guys are paying for this, you need to know how much it costs. And obviously, promote quality and efficiency to save us money. And it's important because we are basically going broke and the next few slides will show the prices and increases, it's just phenomenal. So if you look at this chart, there is less workers for each Medicare beneficiary, and this one gives you an idea of where we're going if there aren't any changes made. So there are some very smart people in Congress and you are very smart people and I trust that you will come up with some solutions. So I want to talk a little bit about Medicare Hospital Compare. Once providers are, "coerced", into providing quality information it really does help them improve their quality. And I want to emphasize all of these things are kind of at a starting point. We worked on nursing homes and home health for a number of years, they're always being refined and changed.

Basically, we look at three outcome measures, 26 process measures and 10 measures that we get from surveys of actual patients that get services at these places. Hawaii hospitals reports the measures, Guam Memorial reports the 26 process measures. If you want to go and check this out online, it's actually pretty cool, especially if you live in Hawaii you can check out the Hawaii hospitals. So you go on the website...I'm going to search for hospitals in Honolulu, this is what pops up (of course, if it's Guam, it's only going to show Guam Memorial Hospital). I selected three hospitals. I didn't do it to target them in any way, just to show you how this tool works. I'm going to select a quality measure, and this is what pops up. So you can use these comparison tools as a consumer, along with the inspections and other things we do at CMS to give you some idea of who's good at what. So this is a survey of those surgery patients who received preventative antibiotics one hour before incision, and heart attack patients given the beta-blocker at arrival, and the discharge instructions for the heart failure patients. Then we also have mortality rates that are also presented here. So all of this information continues to be refined, we keep adding measures. So this is really what I wanted to talk about. We have Mountain Pacific Quality Health Foundation, it's located here in Honolulu and it serves Hawai'i and the outer pacific, just the three jurisdictions in which we have programs. They are a group of practicing doctors and other health care professionals paid by the Federal government to monitor the quality of care, also to work with all the facilities and providers, including the physicians in quality improvement activities, the quality measure reporting. They handle Medicare beneficiary care complaints.

We have some really good success stories in the outer pacific: at LBJ Tropical Medical Center between 2004 and 2006, they set up an electronic registry for diabetic patients and they saw the reduction of the problems they've had as far as all the routine maintenance type of testing and other things that diabetics need. There was a reduction from about 80% not getting those services to about 56%. They also work with two home health agencies on Saipan. This is a dramatic turn-around, re-hospitalizations. They work with the two home health agencies, there is only two there, so it makes it a little bit easier I guess, and they worked with the hospitals and these agencies and they reduced re-hospitalizations in two years from 70% to 10%. That's really dramatic. We also have a quality improvement organization just for our dialysis centers. Unfortunately, dialysis has increased in the outer Pacific and Hawai'i by 546% in the last 10 years. That's a very sobering statistic. So we are very concerned about people in our dialysis centers. So we have ESRD Network 17 that provides these QI activities specifically for those dialysis centers. What we'd really like to is prevent the diabetes that is 70% of the time, if it's unchecked, causes people to go on dialysis. But for the moment, this is what we look at in terms of the quality improvement activity.

Another part of CMS contracts with Hawaii Department of Health Office of Health Care Assurance to do our survey activities. When someone enrolls in a Medicare program, there are certain qualifications they have to have. We actually go out and visit the provider depending on the provider type on site. Non-accredited hospitals, as are the 3 Pacific hospitals that we cover, are surveyed every three years. The normal for survey and certification is compliance and regulatory duties. But they've developed a de facto technical assistance role, especially with Hawaii and the Pacific islands. They review

these hospitals to make sure that they meet our conditions for participation (COP) in our program, and I want to emphasize that those COPs are basic. All hospitals should be striving to be above that. You can go on Medicare.gov and look at the surveys, for nursing homes and home health agencies. You can actually see how a specific health facility did on their last survey. They end up providing technical assistance to providers through a plan of corrections, re-survey processes, and Federal comparative surveys. One of the things we've been talking about in Region IX is federalizing the survey activities in the outer Pacific. And the reason we might pull them back from the state is that we'd really like to provide more technical assistance rather than just compliance activities. This is in discussion in Region IX and the consortium. What happens when the state survey guys go out, they have their job to do. We pay them so much per contract, and they don't really want to do anything extra because we're not paying them to provide technical assistance. These are some of the websites, HHS.gov and the Hospital Compare, these are really good websites. I'm happy to email them to anybody. You can come up and get my card.

In Region IX for CMS we have what we call a Stake Holder Call. It happens every month and this is the number you call into. And again, I can provide that information to you directly. It's an opportunity for providers and anybody else who has a stake at CMS business to ask us questions. But we also have an agenda of updates that we provide so that you can stay informed by calling into the Call. Or even if you just get on the list, we'll send you the minutes from the call. It is 8am Guam, CNMI time on the 3d Friday. Thank you for kind time and attention. And this is my contact information. You can ask me any questions you have at the end.

(Vita Skilling) Good morning everybody. I align myself with the greetings that were done this morning and with all the recognitions that were done yesterday. In the interest of time, even though this topic is confusing because its talking about Quality Insurance Improvement programs and hospital programs, I will limit my presentation to the quality insurance improvement and sanitation. I would also like to recognize the three hospital heads that have given me the blessing to come and present this morning and that would be: Mr. Gilmar from Yap, Dept of Health; Dr. Liz Keller from Pohnpei Dept. of Health; and Carolyn Shrew, representing Director Post from Kosrae Dept. of Health.

Before I go on, I want to give an overview of what the hospitals look like in size and the budget they have to operate per year.

Kosrae is a 38-bed hospital that caters to 7000 people with an annual budget of \$2.5m per year and it's more than 20 years old.

Pohnpei is a 90-bed hospital servicing 43,000 people on a budget of \$5.6m per year and it's also more than 20 years old.

Yap is another small hospital, about 36 beds catering to about 10,000 to 12,000 people with a budget between \$4 to \$5m per year and it's more than 20 years old.

Of all the hospitals, when someone came to review it in the last three to six months, we were told that with the conditions that they are in, they will be condemned and be closed. Fortunately for Pohnpei, it's the only state that has a private hospital. The rest of us might as well stay home and not go anywhere else because we have no other choices for hospitals. According to information I've received in the past 6 months, the condition of the Kosrae hospital calls for a totally new hospital. Electricity is no longer safe for the hospital, the general condition is not good either. So this is what the conditions of the hospitals are like, and I want everybody to understand before I go on to my presentation. So what standards are we talking about? What is our reference point here? These structures are in need of expansion to meet the need of additional populations, additional equipment, additional services that did not exist before they were built 20 years ago.

Given the budget they have, some issues on the priority list will not be covered because we will attend to the top priorities that we can afford. For people who take things for granted, we do not have gloves 12 months of the year. Not even for 30 days of the month on other times. So if we're pressed for picking up gloves for picking up trash, we cannot use them because we have to save them for the emergency and operating rooms. We can not even afford to buy the shot containers so we improvise by using plastic containers. And guess what? Those plastic containers, like water bottles and Clorox bottles, are limited because they're the same containers that the local people use to store their water, kerosene, gasoline and other fluids. Given the budget we have, it would be very difficult to purchase everything that we are expected to use.

The other situation is that, yes, the IG Report does tell the truth in a way, but perhaps it was a report that was taken at one point in time; perhaps that's the worst day; the worst week; that's the worst month of the year that the hospitals had at the time of the report.

The fourth point, using the standard of a developed nation to assess the underdeveloped nation's condition is like using the budget for buying a used pair of slippers at the Goodwill store to purchase the latest fashion shoes at an exclusive store.

Number five point – I couldn't help but understand what Dr. Kuartei articulated yesterday. While the nurses and the physicians are too busy to clean up the hospital, the Departments of Health managers can not afford to purchase another service, the janitors who do not work at the standard hospital think they're doing their best. So it all comes down to, we do the best with what we've got.

The other issues to realize that has to do with health care sanitation also affects the whole nation, we have water problems because two out of the four states have the fortunate of having the blessings of having the water that they can donate to probably most of the islands in the Pacific. The other two islands do not have that luxury. We have problems with electricity so that if you live in one of those islands you better be prepared to have a back up because the electricity will be on for sometimes hours of the day, three days of the week, period. That's it, you have to learn to do everything else without electricity. Maintenance is also very difficult because the quality insurance plans that was implemented, or planned to be implemented for the nation, was too compartmentalized to

the point that nurses they only do this, they don't do anything else for the doctors. Janitors do this and there is no more integration of work. We do have policies regarding hospital sanitations but for reasons I can try to explain later, some of the policies are not always explained.

Yesterday we talked about commitments and ownership. The hospitals were built by the government, therefore they are owned by the government. And believe me, in Micronesia we haven't think of ourselves as government. We think of the President, the governors, the directors as the government, and the rest of the people in the community – we're just the people, we're not the government. Then there is also the inadequacy of the spaces like I alluded to. The hospitals have become smaller than they were intended to be and since we do not have enough nurses to take care of the patients at the hospital, we bring the family attendance. And many times the open wards are too small for everyone to stay there, and they have to pay \$12 round trip on the boat to go back and forth to get their belongings and their food to stay at the hospital and they have to pack. It's like me this week having to pack to come to Honolulu. And you can't imagine where they're going to put their suitcases, their foods and everything else they have with them at the ward. In terms of existing policies for improved sanitation, infection control protocols were instituted about seven or eight years ago. And yes, some of them look very good on paper, but some of them don't do very well. If, for example, the protocol has dress code for the doctors, it says we have to wear coats and shoes. You can imagine on a salary of \$24,000 a year trying to support a family of six, there is no way we can afford to purchase shoes and coats. The examination rooms are closed because of confidentiality and privacy, there are no air conditions, there is no breeze, we are going to be cooked wearing coats in those rooms. Garbage and waste disposal policies are available; attendance policies; no smoking, no chewing policies, and designated green days are done. Once a month, everybody has to stop their work and just clean up the whole campus. Clean field of work is an understanding. But how come they're not being coordinated? Perhaps there are other reasons that can explain those.

The weaknesses in terms of management – maybe we don't have time, maybe there are other reasons, and maybe just plain we do not want to obey the rules. And it's not that we want to be dirty, but sometimes you can not just take something that is just pushed down on you if it wasn't you who decided to take it. What did we do to implement these standards? The quality assurance coordination office has been established. We have unit audits, designated green days like I said, incentive awards. And the challenges are like I said before, deteriorating facilities, personal attitudes, need of training, inadequate management and support.

[Comment to Kempthorne and co-conveners] A review of our hospitals has been done. The IG report has successfully informed us of how far below we are from the standards. I have presented the weaknesses, the efforts and the plans that we will try to do to improve the conditions within our limitations that we have. What are the next steps or actions besides a follow up review that this summit will endorse to make sure that the conditions of our hospitals are improved? Thank you Mr. Secretary. Thank you everybody.

(Secretary Kempthorne) Thank you, that's a very beautiful report. One of the things we need to discuss as policy makers is the idea that you have four hours of electricity, three days a week. Is that acceptable for a hospital? When we think of the combined assets of DOD, VA, Health and Services, the Interior, is there something that should be done to have a steady source of electricity? The simple concept of gloves, you're making key decisions by using them in emergency and operating rooms, therefore you do not use it on the trash. Yet, in the trash, there is also disease. You did a really good job, thank you.

(Julio Marar) Chuuk has about half of the population (of all of FSM) with hospital capacity beds of little over 120 and a budget of a little over \$7 mil dollars. Regarding hospital standards, we have our own challenges, similar to the others. We try to do things under the conditions, but it's difficult. We usually need outside assistance. We face a lot of problems, especially the island power. In Chuuk, compared to the other states, we have more power outages; in a week you are lucky if you can get a day or two days of power. We have no adequate portable water supply. We have breakdown of equipment and medical supplies, lack of trucks and medical supplies, and, currently, outbreaks of TB and Hepatitis A. We also have our share of man power problems. Although we don't have any formal quality insurance program, it is in the making thanks to PIHOA. We do our best under the current conditions to have safety and cleanliness of facilities.

Recently we have some renovations, thanks to OIA for helping us in our current budget. Per our request, we were granted minor budgets for renovations. And thanks to the USSN Mercy for providing health care services and treating our patients and for some repairs to hospital facilities and school facilities. Hospital accomplishments: minor renovation and painting of hospital wards; although we have limited and scarcity of resources, recently we have a newly created Medical ICU; and repair of our OR emergency rooms and wards. Also, I'd also like to acknowledge the assistance of Canvasback who helps us to treat some of the patients who can not be referred out because of lack of funds. And of course the UUS Mercy ship, they helped us renovate (showed photos of out patient and emergency rooms) our outpatient area and emergency room. And here it is (more photos). Thank you, Mr. Secretary, for the assistance in the back-up generators which help with outages. Here is the new generator. Because of your assistance, we now have reliable power. Sometimes only the hospital has power. Also your project, Mr. Secretary (show photo), the water system. I hope it will be fully installed and operational when I get back. The USS Mercy was able to treat over 10,000 people from the lagoon islands. Unfortunately, many of the people in the outer island could not make it to be seen. From the people that were seen, about 266 surgical patients were operated on. I'd like to mention something about the Dispensary plan. Before the problem was always the stocking and restocking of medical supplies. Here is the new room (show photo), and they are plenty of areas for stock and supplies. The Dispensary and Public Health, before they were two separate divisions, but now they are trying to work together and work collaboratively on the primary care and outreach in the remote area. Recently you know of, we have situations of outbreaks. Experts say that if we

don't get the power situation back on, we will always have problems relating to back-flow of sewage. We need help.

In conclusion, I would like to go back to what the Honorable Governor Togiola of American Samoa said yesterday regarding problems with power. I know others have problems, but I think Chuuk has the most serious problems. Also, to what my friend Dr. Palafox stated in the comparison of capacity of hospitals to budgets, one can see why we have so much problems.

(Secretary Kempthorne) While we're getting ready for the next presentation, it seems to me there are a couple of constants with regards to the islands, sunshine and trade winds. I really think, Nik, as we go forward, we need to really take a look at the power supply for hospitals. Why can't we tap into more solar and wind turbines, we also have wave and current. We ought to do an outreach program with these companies that are moving into the new technologies and give them a practical application to provide power to the hospitals in the islands through solar, wind, etc. We'll give them a demonstration opportunity.

(Justina Langridik) I don't have a Power Point presentation, so I will speak from the heart. The Marshall Islands are comprised of 1,125 islands which make up the twenty-nine atolls and five single islands, scattered over 700,000 sm of ocean, making the population very diverse.

If there is no transportation, if airlines have mechanical problems, it takes at least three to six days to go by ship. So transporting patients can be difficult and long. Health care in the RMI is comprised of two hospitals, the main one in Majuro, 90-beds, and Ebeye, 35-beds, and 58 health centers scattered throughout the islands. Because of the distance and transportation challenges, it can take up to a year to receive the items (ordered equipment and supplies). For instance, the incinerator mentioned in the report (OIG), it took us about a year to get the incinerator. Then, when the incinerator was to be installed, we noticed there was a missing part. It has been months since the reorder and hopefully the part will arrive soon. It takes longer for equipment and supplies to get to the RMI. And if a company doesn't know where the RMI is, it is almost always a partial shipment. One lady asked me if she could send the part by train. Those are some of the challenges that we are facing. We can email and call, but when we call someone who is not familiar with the pacific region, it takes so long to receive the things because of the distance.

Quality insurance: we are working on new ones. Over the years we have been able to work without written policies and guidelines. We do the work. But when someone asks if we have a written policy, then no. We are working on that now. We've established committees in the Ministry (of Health) so we can look at ways to improve medical services. Hospital sanitation is something we are trying to improve. We may not have the shining floor or your expectation of what we should look like, but we do the best we can with what we have. With limited supplies and high costs, we are facing many challenges. In the Ministry alone, we have less than ten staff in the housekeeping department for the hospital. But we make sure they clean the hospital rooms before

anything else. Most of the time, I mop and clean my own office because I can do that. Why give it to the housekeeping if they need to clean the patient's room first? That's the culture we were talking about yesterday. We do the best we can with what we have. How you do your work, act, speak defines who you are. If the people know how to do things that are appropriate, than we will do the best we can. Your expectations may not be what we can do because of the limitations of supplies that we have. An example of the limitations of getting equipments and the length of time it takes to receive: Thank you very much, Mr. Secretary, for your efforts to get us a new generator on Ebeye. We will have the new equipment because of you. And I am happy to say that scheduled for October 3, we will finally receive the generator on the island. So you can see the number of months it has taken to finally get the equipment sent to RMI. That's the reality of how long it takes to receive things in our country. Thank you.

(Carmelo Rivera) It is great to be here. Even though we are oceans apart, we have the same stories. I am hearing so many similar things, over and over again. We have a comprehensive and fairly successful public system of health care. We continuously aspire to meet world-class standards. We have come a long way and continue to make progress. Our system includes two acute care joint commissions, fully accredited hospitals with 300 beds. We recently opened a Cancer Institute and Treatment Center on St. Thomas, and in two weeks, Mr. Secretary, you are welcome to come to the opening in two weeks, in St. Croix we will open a Cardio Center. In addition, we also have six health centers throughout the three islands, two centers will serve veterans. In the private sector, we have an impressive list of health providers and professionals and several medical labs. Our physicians are licensed and come from many of the top medical schools in the nation. We are proud of our health system.

But despite our progress and development, we still share commonalities with our friends in the Pacific islands. We experienced many of the issues and challenges described in the Interior OIG report. We have many gaps in service and limited bed capacity in hospitals, insufficient long term care facilities, and are severely underfunded and our system is drowning in red ink. Our compensation salaries are relatively unattractive making it difficult to recruit and retain health professionals. Like everyone else, because of shortages of physicians and nurses, our staff is overworked and over stressed. Almost daily we have an exodus of people leaving our islands to seek health care services in Puerto Rico or the U.S. mainland where it is cheaper and readily available. We have an aging and obsolete infrastructure, faltering electrical systems, and skyrocketing energy costs, quadrupled in last few months. Disposal of hazardous medical waste is also a major challenge. We pay approximately \$2.5 mil annually to prepare and ship out medical waste to Florida. We have equipment and technology challenges, suffer malfunctions because of maintenance or lack of funds to pay for repairs. Because of our rapid rise in violent crimes and lack of services for prisoners, hospital security has become a major priority. Recently, a murder in one of our hospitals occurred so hospital security is now very tight to ensure the safety of our patients and staff. This is very costly. Procuring supplies is often a challenge due to lack of funds. Vendors often require cash up front and shipping supplies to territories is very expensive, and, like some of you all, there are vendors who don't know where we are.

We struggle to comply with mainland standards and to remain accredited. We have no problems with standards, per se, and believe standards are necessary for quality care. But complying with standards requires technology; it requires ample equipment; it requires supplies; it requires expertise; it requires infrastructure modification and upgrades; it requires lots of money. If the Medicaid cap was significantly removed, and we had an infusion of revenue, we could quickly become a model health care system in probably 3 years. However, if the status quo prevails, at the rate that costs are increasing we will continue in a downward spiral and deteriorate. We will fulfill the subtitle of the report (OIG). Right now we are at a crossroads and the prime solution is more money, there's no elegant way to say it, more money. And the Medicaid cap (and cost/share provisions) must be changed. Thank you.

(Neal Palafox, M.D.) Secretary Peake, Secretary Kempthorne, Secretary Chu, Honorable members of the Pacific Presidents and Governors that are here, Directors of Health, I am honored to be here. I'd like to begin by stating I find it very important to know who is talking to you. I come from a perspective of living in the Marshall Islands for 10 years, and wearing a uniform as a U.S. Public Health Service, National Service Corps, I was an O5. I take care of, for the last 10 years, radiation-affected people. And I work with the medical school and do several projects there. I'm going to talk to you about Quality Assurance, a Pacific Regional Approach. There's lots of ground to cover as I'm trying to represent many hats as I also am on the Compact Impact Committee in Hawaii. I know very well what happens when things get loose in the Pacific.

Oceania Community Health, I'm a board member. We talked about volunteerism the other day and volunteerism has a very strong part in quality assurance. There are handouts in the back. Oceania Community Health is a Hawaii-based 501C-3 and the founder is actually now a physician who went through our medical program here in Hawaii, gets paid \$25,000, lives in Yap and runs this program. He has put together many fine things. The group has facilitated community construction of an island health center, provided training for health care professionals there and enabled Yap to respond to Dengue outbreaks. And the focus now is on quality assurance. Volunteerism, 501 C3s, have a strong role in the Pacific as Jackie Spence and Jamie Spence said the other day, they also have a role in quality assurance. From the John Burns School of Medicine, my day job, I chair one of the departments there and because I am part of that I was appointed to the Compact Impact Task Force by the Governor of Hawaii. For the last 10 years we also take care of Marshall Island's people regarding radiation and I helped set up one of the original programs for that. I work a lot with the NCI, the CDC, many projects that I am proud to be principal investigator on. And we actually have 1 of 18 centers in the nation which is a CDC Center for Excellence to eliminate disparities in breast and cervical cancer. These are all Regional initiatives, and there's lots of paperwork in the back on this. There are lots of things going on which emphasize a lot of work the nation is doing in partnership with the Pacific. And its Regional work, and one of the things about the Center for Excellence, it is working with quality assurance also in these areas because without that, you cannot move these projects forward.

Hospital sanitation, why is the hospital dirty? Now this can really be replaced by anything. Mr. Secretary, I believe hospital sanitation is really a symptom. It's a symptom just like hepatitis A, like TB going out of control. It's a symptom that the system is not working well. Why doesn't it work well? Partly because of funds as you heard. It's because there are no health priorities, or what are the health priorities? It's because there's a lack of organization in management because there are no priorities. It's about health workforce training, and Dr. Dever talked about that, and it reflects the system's challenges. So hospital sanitation is bad, but it is one symptom of the whole system that is strained, they're very challenged. And this is what quality assurance is about.

If you look at hospital operations, we talked a little about this yesterday. In the U.S., the benchmark to run a hospital is about \$1100 to \$1400 per day (per bed per day). That is the U.S. benchmark for quality hospitals, around that range. In the FSM, in some of the hospitals they have \$45 per bed per day to run it. In one calculation I did it was \$21, but I refused to believe it so I moved it to \$45. You can see why these areas are straining. We talked about the housekeeping yesterday and what it cost to actually do that. But these are real benchmarks and what it costs to run a good hospital with good standards. So, health care costs. We talked about the Wahiawa Hospital, it has a \$42 mil budget (used as comparable hospital size), and then we talked about Chuuk where the entire health care budget is \$7 mil, and that's for the entire health care system, including its hospital which alone has over 100 beds.

This is the reality check for me. The US spends \$5700 per person on health care. Look where Chuuk is, \$80. What are you going to do with \$80? And look where American Samoa is? (referring to power point). These are the disparities and what they are operating at per capita. If you compare these numbers in the world standards, the Pacific numbers are comparable to Mexico and Turkey. So, when we are talking about health care and standards, what are the standards? Are we talking about Mexico? The US? And what do we have to do about that.

This is where quality assurance comes in - using performance data to improve a health system. It's about organization and the interdependency of the systems and the interdependency of the partners. It is all of us Mr. Secretary, and that's why I really believe in this summit. It is about all of the internal and support systems and increasing the capacity.

So, the first step, I believe, is to define the standard of care. What's desirable, what's possible? Is what's possible Mexico? Or is what's possible Harvard University? And then, what is desirable. So when all these countries entered into trust or compact or whatever it was, if you asked them, did you want Mexico's health care or did you want the U.S? And I bet you get different answers from different people. But that's my point, so the first step in quality assurance is what is that standard you're building, what is it?

And then you can create the priorities. Should we have dialysis? Maybe, maybe not. Maybe dialysis is an American dream but maybe it's not a Pacific dream. But that's what comes out of that standard of care.

Then you align the expectations after you know the priorities. Then the people know what to expect. And you can then plan within and plan with interfacing countries. Maybe these countries can provide a wonderful primary and secondary care system, and then the partners, such as Hawaii, provides the back-up for other services. And the partners know what their obligations are, what to expect and they say, "hey, we got your back" and they come through and you all coordinate resources.

As an example, using a military environment:

1. Battle objective: Standards of care. What are we trying to build? Is it Mexico? Is it Harvard?
2. Then when you know what the battle is, you then can determine the weapons necessary: This would be the finances and other resources. You would never send your soldiers in without the weapons and the bullets. Here it would be the financing, the medical supplies and equipment and so forth..
3. And the soldiers to fight – is there a sufficient number? Are they sufficiently trained?: That would be the health care workforce. And we have already heard about the challenges there - challenges to having sufficient numbers and proper training.
4. Who are the allies?: Who are the allies? Are they fully committed?
5. The Battle Plan: The Quality Assurance Plan is the battle plan. This integrates all of the above. This is what the plan is. These are the performance measures. It is a living document. How we look at it – measure performance, build on that to meet the objectives.
6. Command center: I believe should be pacific centered, it should be PIHOA and I will say that without any reservations. It should be the Ministers and Directors of health. The command center should not be the CDC or some others outside of the islands affected. It should be the island health officials. These are the people who live the circumstances and provide the care within the systems.

And so, Mr. Secretary, I would like to say in closing, the US has such great resources. As Secretary Garcia mentioned yesterday, yes, there are other areas that have it worse like Africa and other places and that is true. But, because the U.S. Insular Areas are so small, it would only take a small investment (relative) from the U.S. to make such a huge, huge difference, but it will take coordination to do that. God Bless you in all your work and I hope He works with all of you and I believe there are many challenges we can solve together.

(Captain Walmsley) Thank you, panelists. As mentioned by others, PIHOA is working with all of the health officers to establish QA, quality assurance, as one of the Pacific's top priorities. A lot of work has gone into that, and the efforts to promote QA programs are in full swing.

(Secretary Kempthorne) Thank you very much. Tremendous information. In regards to the 266 surgeries by the staff of Mercy, what were the results. Were there any infections?

(Julio Marar) I don't have the details but according to my information, all of the operations were successful.

(Secretary Kempthorne) I would like to know the details because you can have successful operations and still have circumstances afterwards, such as infections or other complications. Also, I would like to say to everyone, if you were not able to get to all of the slides, we still would like you to submit your entire presentation. Everything will be reviewed. When you talk about the lack of funding for things like gloves and such, who approves your budget? Is it different for every area?

(Vita Skilling) The annual budget that we submit is usually reviewed by the President of the Nation, or the Governor of the country. Then it goes on to Congress where they have to figure out where we fit into the budget of the whole nation, including the other departments. And, Mr. Secretary, yes do run out of gloves. Many times because we do not have the funding. Other times we have the problems of getting the supplies there on time.

(Julio Marar) For the states (FSM), we do have a process. Formulated by the state's Departments, goes on to the Budget Review Committee, on to state legislature, submitted to the National Government and, normally, the submission is sent directly on to JEMCO for final approval. And of course that is the role of OIA, to review the budget and make the recommendations to JEMCO for final approval.

(Justina Langidrik) For the Marshall Islands, we receive a budget circular from the budget committee and, usually, it gives us the ceiling for the year. We have to work our budget within the ceiling. The Department works on that based upon the ceiling provided. Then to budget committee for review, submitted and then reviewed by the cabinet and then on to the legislation for approval.

(Secretary Kempthorne) With regards to standards, one of the things that the Inspector General's report pointed out was biomedical waste and you referenced it that if you had a Clorox bottle that's where you put the needles yet citizens need the Clorox bottles. Are there standards that already exist that everyone is aware of and that simply a decision is made, because I have heard this phrase now many, many times, we do the best we can with what we have. Are the standards universal and a conscience decision is made that you can not achieve them? Or is it something that we need to look at what the standard should be for all areas.

(Vita Skilling) Like the rest of the standards, Mr. Secretary, it is an area we know we have to look at. The standard is we know that we have to put out the sharps so nobody steps on it. Unfortunately, there is only one dump site. And there is only one way of doing that, to bury it, once a month, twice a month, and that's where it goes. And from the hospital to the dump site, somebody has to take it there. Each of the four hospitals has a generator which is either not enough to take care of all of the waste or is not functioning at the moment. Through some assistance, for example, from the Japan overseas assistance, each of the four hospitals will receive a small incinerator to take care of immunization waste. And that would work for us for a while because we will be using wood. But, if we use up all the woods in one year, we will end up with a desert instead of our beautiful islands. So we also have to think about doing that. But yes, quality assurance in terms of waste management is part of what we are trying to do. At least now that we realize that those are the problems we have to take of also. And that is another reason why it is very difficult for us to take care of chemotherapy on the islands because we do not have the standards at all to dispose of the waste from chemotherapy surfaces.

(Secretary Kempthorne) Ok. Let me open it up then. Any comments, questions, points? We'll start right here.

(Patricia Tindall) Thanks. I'm Patricia Tindall again and I just wanted to make a few comments about some of the initiatives LBJ has been looking at and some of the problems we've run into. Yes, we have the same problem that everyone does and we all know that because we all read the report (OIG). On Power, we're pretty good. ASPA (American Samoa Power Authority) does provide power to our island. Power costs have gone up to .56 per kwh. That's very, very expensive. When I lived in Nevada power costs went from .08 to .12 and they built two new power plants. We're at .56, and we can't afford to pay our power bill which is really disheartening because ASPA also provides our water pressure. And ASPA does have problems getting enough water pressure to the hospital because we are on the same piping system that goes to the canneries, which are the major industries in American Samoa. Instead of just crying about the problem and saying, "hey we need water pressure", one of the things that we really have to do, and I thank our Governor for making it clear to all of the Government Departments, is work together. So we talked to the CEO of the power company and said "look, we need water at the hospital. If you can't provide water at the hospital all the time, give it to us between 6 to 8 in the morning because that's when our patients are getting up and using the facilities, and if we don't have water during those hours we have higher instances of infection". So working within the Government Departments is very important. And also remembering that a lot of times the systems are very fragmented and each department is competing for the same dollars. But we all provide services to one another so working together is really important. Regarding solar power, we did apply to USDA for funding. We did make the application for our hot water. The USDA finally came back and there is a match. So we are scrambling around trying to find a match.

AV 09.30.08 HS 2: Floor Discussions continued

(Patricia Tindall) ... (speaking of engineers related to application for solar power) came out and had to do some kind of engineering and looking at the roofs and that sort of thing. There's only one company in American Samoa that provides solar power. And then having the funding to get some kind of consultants and looking at three different providers and following our procurement regulations is very difficult in applying for some kind of Federal funding to get that solar power. The last thing we are looking at is corporate partnership because of equipment. We have a major problem with equipment, our radiology equipment for instance is analogue, it's not digital. If we wanted to use tele-radiology we do an x-ray, we put it up on a light box, we get our camera, and take a picture of it, and then try to e-mail that picture of the x-ray on the light box and hope that somebody, obviously not a standard that were attaining but it gives us something and somebody can read it. Most of our equipment comes from GE. We try to keep it with one supplier because they can provide spares and then there are often consumables that go along with that equipment. We did work with GE. We were trying to find somebody with information about maybe used or refurbished equipment programs, or see what kind of philanthropic corporate partnership we could get into. I'm happy to have a big billboard sign with a big GE logo and tell them that all the my equipment is GE if they give it to me. It's very difficult because that's a large international Corp. and I was working with one part of that company in Nebraska looking at a trauma room, and then our ultrasound machine broke down, finally just disappeared no more pictures. So we are in desperate need of an ultrasound. I asked the same guy if we can have a new look at an ultrasound as it is an emergency right now for us and ends up there is another person I need to speak with is in Colorado. Colorado didn't know anything about ultrasounds because is different portion of that company. So often we haven't bought equipment in more than 12 years so it's hard to find out exactly what you need and how to get. And even if you're looking at corporate partnership or government or Federal grants, I don't know how to do this, making it easier to get through all of the loopholes in order to get some used refurbished equipment or Federal agency money. Finally when I did reach the right person in the right division they understood exactly what I needed it for because they knew that Somalia had no money and people were starving. And so I am not really sure when foreign policy includes Somalia as a territory, and I'm thinking that they might possibly be sending my ultrasound to Africa. That's another problem that we have to deal with because you can not put something on a train and get it to the Marshall Islands and these are not great ten school kids in Ohio we are talking about. These are suppliers of major corporations that don't know where we are and don't know who we are.

(Secretary Kempthorne) Thank you, Patricia.

(Bill Gallo, Senior Management Official, Centers for Disease Control and Prevention, Hawaii Office) My name is Bill Gallo and I'm with the Centers for Disease Control and Prevention. I'm the newly assigned senior management official here in Hawaii, also with the responsibility for the US-affiliated Pacific islands. First wanted to thank you guys very much. It means a lot to us, just the fact that you have come together

in such a senior level and that the heads of state and governors have come together to this level to address what is really an urgent issue. Thank you very much.

Everybody's talking about resources and limited resources, what we can do in light of limited resources, and at the same time we're talking about enhancing standards of quality of care. I just came a couple of weeks ago from the Association State and Territorial Health Officials meeting. It was a combined meeting with the National Association of City and County Health Officials, some of the health leaders here may have been at that meeting. I was very impressed to hear the discussions really moving as a group, and the CDC were all very much interested in advancing this idea and concept about the healthiest nation and focusing on the fact that we in America spend more than any other country on health care, but our health indicators are about 30th globally. And hearing this discussion about quality and focuses on quality of care and when you look at Neil's slide about how much money is spent per capita by the US, it is way out of line with everybody. I don't think that's something that we should aspire to. I think that's a problem and what they were saying at this meeting was that it was not sustainable and what we need to do in order to address that issue is not just solely focus on the quality of care. We have to focus on quality of health. And if we look at issues related to health promotion, to healthy lifestyles, to measuring health as opposed to measuring illness which is what were so focused on these days, this is really going to be a way to make use of these decreasing resources that are coming tougher and tougher to spread thinner and thinner.

We really do have to focus and I've seen a lot here in this region. Folks have understood that for a longer time because their resources have been more limited. I really do think that there needs to be a major shift as far as looking at measuring health indicators and health outcomes to really focusing resources as much as we can in the area of prevention, in the area of health promotion. And when we talk about developing our leaders for tomorrow, our public health professionals HR for H, I think we need to make sure that the doctors' skills, the nurses' skills learn the traditional skills that are vital, are critical. They have to happen. But everybody has to have this public health and this prevention kind of context, and they need to learn about those things as well as about population based health in order for us to make best use of these resources. Because everybody knows that an ounce of prevention is worth more than a pound of cure later on. And so I guess the main message is really focusing on these preventive services, and I commend those that have already done a lot of that. And I think it's going to be our only choice in the future.

(Secretary Kempthorne) Bill, thank you. This aspect of the biomedical waste, gloves, these things were talking about, basics, what role does CDC play in this?

(Bill Gallo) CDC has a wealth of technical resources in the area of steering people to the best ways to deal with environmental health issues and they also are good resources as far as accessing standards and that sort of thing. But any kind of standards that are discussed, and I think the folks on the panel can address it much better than I can, the standards have to be adaptable. They have to fit the context. There isn't just a single

gold standard. It has to be something that works in different environments; and CDC understands that; and WHO also understands that and actually probably has a better understanding since they're looking at countries across the board from the poorest developing countries to the wealthiest countries. But CDC, my agency folks can contact me. I can plug folks into resources in Atlanta that can give guidance

(Secretary Kempthorne) I appreciate that. But when you say that they can adapt; but if I'm picking up something that is a hazard to my health, and now I don't have a glove; I mean I've adapted, but now I think I'm at risk.

(Bill Gallo) You can adapt standards as far as biomedical waste. For example, there are very high-tech ways that we address those issues in America; where we have a whole different scale of resources available to us. They're also very safe ways to dispose of these things. There are much more cost-effective manners that are much more conducive to situations that other people are operating in

(Secretary Kempthorne) So CDC could bring that into the equation?

(Bill Gallo) CDC could probably provide assistance, absolutely.

(Secretary Kempthorne) Did I hear correctly that there is a generator that would consume these? Incinerator?

(Vita Skilling) Incinerator Yes there are incinerators that will do that. But in terms of the other biochemical waste, like the chemotherapy waste, I'm not sure. We've never done that. I don't know how to dispose of that. But also, to go along with everything else, we get the funding from other programs, but there is also this problem of bidding. If I was to get this less expensive refurbished equipment, I have to look for two other companies that provide refurbished equipment. Good for Patricia, she can get all her equipment from GE. For me, I have to look for two other companies that sell the same thing. If I were to travel to Washington, DC, for a meeting, only Continental airlines fly Micronesia, but I have to get two other bidding from two other airlines and explain why I'm taking Continental as opposed to other airlines. Thank you.

(Pete Sgro) From the Guam Health care and Hospital Development Foundation. Your observation with respect to shiny floors actually goes much further than just a shiny floor. I want to analogize it to a hotel. First of all, housekeeping within a medical facility or hospital creates efficiencies within the operations of the hospital or the medical facility in the same way that it does for hotel.

I just wanted to announce and I would like to invite all of you to attend, in the next three months at the request of one of the Board of Directors of the Guam Memorial Hospital, our foundation will be sponsoring at no cost to individuals that will be attending this, the Adventist Health that is based in Maryland, we are going to be flying out their staff to Guam. They basically did what is called "throughput". They had a hospital that was overcrowded and couldn't take a single patient. But after a nurse took the challenge,

after one year of coordinating basically housekeeping, then they were able to get 10,000 more patients in a given year. So housekeeping plays an important role in the efficiency and also the savings of your revenues in the hospital. And I guess my final comment is that I've seen, from a personal perspective, the success of a foundation in how we collaborate with our hospital on Guam. And I'd like to thank the representatives of the Guam Memorial Hospital that are here, and our governor as well, and working closely with them.

I wanted to suggest something that may seem out of the ordinary. But you know there is more than just the Federal dollar. There is a private dollar up there. And if all of the Micronesia Islands, and I just come up with this name for lack of a better term is the Marianas Islands Health care Foundation, just to let you know that the Toyota Foundation has an awful lot of generators that could be shipped out to your islands. But you have to be a nonprofit foundation to interact with the likes of the Toyota Foundation. We have been in touch with the Toyota Foundation, and a number of different private foundations that could supply some of the things you need. But I think when there's more voices that are part of one foundation, I think you're getting the attention of more people of where exactly you are. So if any of you are interested in attending any of the conferences, we have the joint commission coming up in about four months. Please let me know before the end of the conference. I would be more than happy to send an invitation to you.

(Secretary Kempthorne) Thank you, Pete. I believe one of the outcomes that we need as part of this report is the identification of critical infrastructure needs.

(Governor Togiola) We're beginning to see some successes in the website that was the result of the business conferences the Department of the Interior had been convening. One of the things I suggested yesterday was creating a framework of cooperation throughout the Pacific. Some of the suggestions that are coming up here are going to be collected according to your mandate as a result of this meeting, and I was wondering if as a result of this conference there could be a resolution to create a website for all the islands. Through the Dept of the Interior we can all connect through and network on some of these best practices and ideas that are floating around that can be shared through that and as part of beginning that framework that will transcend administrations both nationally and locally. Because many of us will eventually leave our posts. But some of these practices must be in place for all to share. So this is a suggestion. Perhaps that's part of what we need to do because I think the new the business web link is really beginning to take hold. And we're sharing great information and exchanging ideas over the network. And then, perhaps, this can be a part of that or part of a new initiative towards health care and what we need to do.

(Secretary Kempthorne) Governor Togiola, I think that is an excellent suggestion. So we'll make that one of the items on our action list. Governor Camacho.

(Governor Camacho) Thank you, Mr. Secretary. In line with what Governor Togiola has mentioned, as we have this establishment of the Interagency Coordinating Assets for

Insular Health Response or ICAIHR, that would be the perfect venue for this website. It falls right in line with it.

(Toaga Seumalo) I speak on behalf of the APNLC. That's the reality of what we hear every annual meeting because nurses, what they see every day, it's always a patient safety quality of care issue. For the FSM, one of the problems or concerns that has come through the annual meeting, the fact that we talk about partnership and cooperation. As we hear the local problems from the area we feel there is no connection, collaboration and more strengthening of your systems that are in place in your own island jurisdictions. So for the island leaders that are here, I am asking on behalf of APNLC to please pay attention to a lot of the issues that the nurses bring up. Because when they come to these annual meetings, we see that there's fragmentation within each Insular Areas' system, public health is doing their own. So we hear problems from almost all the jurisdictions that public health is doing their own, there is no real connectivity within the services and agencies within each local area. So I am asking please for the leaders to take a look at what you can help with within your Insular Areas because we are talking about partnerships and collaborations within the regions. I'm asking that a local collaboration and strengthening of those systems must be encouraged. Thank you.

(Secretary Kempthorne) See and I believe too that your organization should be one of the portals. Then you can go to the website and access the organization, with your new office in Guam at the University. Doctor.

(Dr. Gregory Dever) Mr. Secretaries, thank you. There's an organization in Micronesia called a Chief Executives Summit when the Governors of Guam and the CNMI and Presidents of Palau, FSM and RMI come together. And they do it every six months. In the last three or four meetings there's been as part of the resolution process a recommendation that there be a new Institute of Medicine study. And letters have gone off to select members of Congress most recently endorsing that. With your excellent concept of developing the task force at the highest levels of our government, I would think that you'd consider also taking a look at the IOM process in terms of a new report. Because for us it is where the rubber hits the road. This has been an excellent document and a new report would give us a new report card of how have we done since 1998 with a view to the future of what should we be doing. I think it's consonant with your whole concept of where we should go

(Secretary Kempthorne) Thank you very much. And thanks again for the tour of your hospital. It was very memorable.

(Sela Panapasa, PhD, Research, University of Michigan) Thank you very much, Mr. Secretary. I would like to begin by echoing Dr. Palafox's closing remarks. The resources that are needed to make a difference, we are talking, given the demographics of these respective Insular Areas, is really very tiny compared to what the US population is investing in the continent and here in Hawaii. And in echoing that point, we need to be realistic and practical in our approaches as we seek out these resources. I think it's critical that the leaders of the Insular Areas and the local experts are brought to the table.

Have them define the priorities, the goals and what is important to them and their respective communities. I think what we've see over the past is that a lot of the definition and the priorities and goals are being defined and determined off island. And to be realistic, to be able to develop effective plans and programs that will reap tremendous differences, we need to bring them to the table.

And if I may echo the importance, I feel the need for baseline information needs to be addressed. I would like to propose that a national health survey be conducted in each of the Insular Areas so that we can address achieving the baseline information, and use the results to leverage additional resources. Because with the results, the Insular Areas can justify the need. And I'm concerned that there are a lot of missed opportunities of obtaining resources and funding from NIH (National Institute of Health) and HHS to be able to address the unmet needs. Thank you

(Secretary Kempthorne) Thank you. Dr. Palafox, you said, "We can make a huge difference with a small investment.", and I'm very interested in what that means so that the small investment doesn't just evaporate and there is nothing to show for it.

(Dr. Palafox) Yes, Mr. Secretary, I think again in the model of the battlefield. Once its determined what the standards are, there's not enough bullets and there's not enough ammunition, the finances. And I believe that with the partnerships that you mentioned, whether its CDC or NCI or even the communities partnerships, and we spoke a little about that, if people understood what the standard was then it would become clear how much the community would be involved, how much Hawaii would be involved, how much the CDC would be involved. So its not necessarily a cash investment, but its an understanding of the participation of every one when you understand what you're trying to build. I think there are going to be some resources because I do think there under-bullets, they don't have enough, just armor, and they don't have enough training. It's a combination of things; I'm not talking strictly cash Mr. Secretary. I think it's all those things that will make a wonderful health system happen.

(Governor Togiola) I might have a suggestion along the lines that you've asked Dr. Palafox. One of the problems that Insular Areas have when it comes to formulas for distribution of some of these benefits is the fact that every time that a formula is being developed, somehow Puerto Rico becomes the problem. Because every time something is devised to benefit the Pacific Islands, and if Puerto Rico is classed together with the Insular Areas, that goes out the window because of population. Perhaps somehow if Puerto Rico can be classified as a state and leave us alone, and I think we would benefit greatly by a little bit better considerations more often in terms of distribution of funding. Not only for health care but for other programs as well. And we're finding this a very difficult problem because every time that Puerto Rico is brought into the mix, we are not going to be considered. It's a reality. And I'm sorry if anyone is here from Puerto Rico, I'm not trying to put you down or anything. I just want a little bit better fair consideration in some of these areas. And that's a daunting problem that we face every time we go to a Senator or our Congressmen. They always tell us Puerto Rico is going to jump in and this is not going to go. Puerto Rico is an obstacle for the Insular Areas.

Why does it have to be? My suggestion is classify Puerto Rico as a small state, and then I think we'll be ok after that.

(Secretary Kempthorne) I wish to Dr. Garcia was here, and I'm going to have him call you (chuckles from throughout the audience).

Let's take a 10 minute break. And may I say to the Mayor's office of Tinian, thank you very much for these (island jewelry from beads and seeds), they're beautiful.

AV 09.30.08 HS 3: Panel 4-Telehealth and Floor Discussions

(Secretary Peake) People have been talking about all day, or the last few days, the issue of connecting, and so, we can go ahead and have our seats so we can let the panel do their trick. David, you chairing this panel today? Alright. Okay if I can get you to take your seats we'll go ahead and get started here.

The issue is "Telehealth: Connecting Island Health care. This issue of telecommunications technology, improving care and training and all of the variety of things that we've talked about today. Trying to explore the opportunities. So after the panel, we'll again have an open mike session, and try to capture the issues from the audience as well as from the panel. So David if I could ask you to go ahead and introduce your panel?

(Captain David Lane) Secretary Peake, leaders of the Pacific island jurisdictions, and participants, thank you for having me here. I'm Captain David Lane, the Deputy Commander of Tripler Army Medical Center. We're talking about the Pacific Island Healthcare Project, which is Tripler AMC's contribution to health care delivery in the Insular Areas. Here's a history of the program (see power point presentation): It really began in 1988, when Senator Inouye introduced a bill to link graduate medical education programs at Tripler with some of the Insular Area health care needs and created an earmark for funding that allowed the program to get started. In 2003, the program received a shot in the arm with some changes to some legislation, and then here's an example of the legislation as it was amended in 2003. It talks about the relationship between the Department of Defense medical treatment facilities and the Freely Associated States.

We've seen the slide already from Dr. Poropatich's presentation yesterday. It just gives a sense of the geographic area and the demographics of the island areas that Tripler has been working with the past sixteen years. This is a roll up of the number of patients that have been referred from the islands to Tripler over the various years. You can see a slight drop off, a significant drop off, in 2007, and that was due to a hiccup in the funding stream. As I mentioned early on, there's a link between graduate medical education and the training of doctors and the nurses at Tripler and the health care needs. And every patient that is accepted in to the program is aware of this and the program itself. Since the topic of this panel is Telehealth, I should mention, this is all done via Telehealth until a patient needs to come to Tripler for actual delivery of health care by physicians and the health care team at Tripler.

It's all mostly, not all mostly, its all store and forward internet technology. It allows doctors at Tripler to have conversations, if you will, via the internet with the health officers in the Insular Areas and decide whether the patient is a suitable candidate for treatment at Tripler or for management at the health care facility in the islands. Once a patient has been, once this discussion has been held via the internet, and the patient is accepted, a multi-disciplinary approach is established to bring the patient to Honolulu for care. It involves web-based discussions and discusses the clinical aspects of the care,

patient administration aspects, social work aspects, and local liaison here with the island medical attaches.

Here's just some screenshots that show Dr. Don Person who was the director of the program for sixteen years until he retired, about six weeks ago. Having some of these discussions might involve the telephone or e-mail, web-based exchange of laboratory data or x-ray data and the like. But it's more than just bringing the patients from the islands to Tripler. It does allow for consultations to be done from Tripler to the island health care agencies. Here's an example of some instructions that are being provided over the internet to a sonographer (operating an ultrasound machine) at one of the islands, telling them how best to take the pictures, the ultrasound pictures, so that they can then be sent back to Tripler so that the radiologists here and other clinicians can interpret those films.

Here's an example of two children, two different islands, two different patients, with complex fractures that were managed locally on those islands with consultation with the orthopedic surgeons at Tripler. Again, using store and forward technology, exchanging clinical notes, exchanging discussions about the patient, as you can see on the left there, exchanging x-ray films. Here's an example of what the program has cost. The last few years it's been roughly five million dollars a year. A lot of that has been for transportation of patients from the island areas to Tripler. It typically involves about a hundred-fifty patients per year, coming to Tripler. Many, many more managed, as I just showed, cooperatively from Tripler to the island health care facilities.

This shows the principal users of the services through the Pacific Island Health Project: Majuro, Chuuk, and Palau being the three largest of the associated states. That concludes my presentations and I look forward to discussions later on.

(Secretary Peake) David, thank you. David your discussion, as we move along, I'd be curious, if you pulled out the transportation costs of moving patients around, what the telecommunications and infrastructure costs would be per patient, or per encounter, if you have that as you move forward.

(Captain Lane) I don't have that readily available. I can perhaps do some figuring here and come up with an answer when we have the discussion later.

(Secretary Peake) Thanks very much. Dale?

(Dr. Dale Vincent) So Secretary Kempthorne, Secretary Peake, Undersecretary Chu, distinguished panelists, and delegates, thank you for the opportunity to be here this morning. My name is Dr. Dale Vincent. I am a primary care internal medicine physician and the Director of Telemedicine at the University of Hawaii, John A. Burns School of Medicine.

Our areas of expertise include Telehealth, e-learning in medical simulation, and the things that we do at the Telehealth Research Institute are to first of all imagine innovative

solutions for health care delivery. We also manage programs and, importantly, we measure outcomes because the people that we work with are very interested in value. So, economists are interested in market baskets and CEOs of hospitals are interested in health care baskets and with Telehealth. We are interested in e-health care baskets and they come in different sizes and shapes and different functions. Let me give you a visual image of what makes up an e-health care basket. First component is fiber. Fiber, of course, is infrastructure. Next, you need people, and the people have to know what they want and they have to know what they are doing, and this speaks to the issue of health care and health care people resources. And lastly, you need to have a template, a design, a pattern so that you can make something useful, and this speaks to the issue of structure.

So I'm going to give some examples of issues in Telehealth, with respect to structure and people. Now, in 1984, Stuart Brand, who is shown here, famously said "Information wants to be free." Some of you will recognize Stuart Brand as the founder of the Whole Earth Catalog. With respect to Telehealth, I'd like to extend the idea that information wants to be free and leave with you the idea that hardware and software also want to be free. Witness the one hundred dollar laptop program and Google "health." Let me give you an example of success here in Hawaii with the structure component of e-health. And, to continue with the theme of wanting to be free, I'm going to talk for a moment about an open source product that is inexpensive and quite flexible that has been deployed here that appears to be developing traction. And this is a product that was originally developed in the Department of Defense and tested at Walter Reed and the New England VA, and it was used as a management tool for diabetes. When it was brought here in Hawaii, it was deployed in Waianae, Mililani and Molokai General Hospital to help to manage diabetic patients with retinopathy. But it has been extended and expanded and morphed and instead of just being a diabetes decision management tool it has become a tool used to manage patients with chronic hepatitis at Hawaii Medical Center East.

The Hawaii Kidney Foundation has wanted for a long to develop for a long time a program, a community based program, for primary care practitioners to help them manage early chronic kidney disease with the idea of stemming that tsunami of end stage renal disease that we are facing here in Hawaii. And I heard a speaker talk about in the Pacific Islands. So they (the Hawaii Kidney Foundation) gave a grant to our institute to develop this program to help develop a decision management tool for early kidney disease. The program is being modified by preventive medicine specialists at Tripler, to help them manage patients with latent TB infection. And in this coming year, we will be modifying it as a decision support tool for congestive heart failure patients.

And there are some points that I'd like to make. One is that this is a wonderful example of translational research, only instead of the usual model of translation from the bench to the bedside; this is translation from the DOD and the VA into the native Hawaiian communities and to the Hawaii community at large. It's an open source product and, like I said, software really wants to be free. The Diabetes Retinal Imaging Program is an example of Telehealth between communities. Again, this was prototyped at Walter Reed, tested at the New England VA, and now is being used across the country and also in three

communities here in Hawaii. The images are taken in a primary care setting of patients' eyes with potential retinopathy. And they are screened, and assessed by experts on the mainland. Now, this is an important program because it's an example of specialty care being introduced into a primary care setting. This is also a great example of translational research from two Federal agencies to the community at large.

I've talked about Telehealth, an example of Telehealth between communities and that's typically what we think of as Telehealth, it is specialty care being delivered remotely to patients. Let me talk for a moment about Telehealth within communities. This is really where I think the big future of Telehealth is. The example that I'm going to use is a system that's being used here in Hawaii now to monitor frail, elderly patients at home that are dialysis patients. The goal is to try to prevent them from developing heart failure and infections and landing in the emergency room. This is a program that connects patients with a nurse, hardly ever a physician, almost always the nurse. And it's an example of many patients using many devices and connecting to one health care provider.

With some simple reconfigurations though, this device can actually turn the idea of telemedicine on end, because this can be a kiosk. And by configuring it as a kiosk, you strip away the "tele" part of health care delivery. Instead what you have is a management decision support device where patients in a community or in a nursing home can actually use a sneaker network to come to the device, have health care readings obtained for example, a blood pressure or a glucose reading and they can have it treated. The value of using a device like this in a setting of a community, perhaps a village, perhaps a nursing home, is that it allows you to have a new vital sign which is the trend of data over time, which gives you an enormous capability that you didn't have before. When you think about it in the zone of chronic or communicable diseases, if one were to focus only on treating hypertension using simple inexpensive interventions, you could potentially impact the incidences of congestive heart failure, the incidences of stroke, the incidences of blindness. It's really remarkable what simple interventions have the potential of doing.

Now let me show a picture out of our current learners and the challenge that we face with educating a new health care workforce. These are our new learners. I think that many of us would agree that oftentimes in the classroom they are physically present and psychologically absent. They have different expectations of education and of educational delivery than we did when we were growing up. And I'll give you a simple example that we recently did at our Institute and that is that we use podcasts to train a group of medical students in an area that they had no training whatsoever in and that is first responder issues. We trained forty-one students; we used four five minute podcasts because we surmised that it would really appeal to them. When they are on the bus or when they are in between events, they would actually listen to the podcast if they were short. We used a variety of metrics, but the main one was that 98% passed our test, which by the way was pretty hard. I'm not really promoting podcasts, but I am promoting the idea that our health care workers of the future need to have a different model of education in place. And you heard the word pedagogy; I'd like to introduce to you the word andragogy.

Pedagogy sounds like teaching children. Andragogy is teaching adults, and we should be applying principles of adult learning to the next generation of health care workers.

(Patricia Tindall) First of all, Secretary Kempthorne, thank you very much for convening this meeting. I don't have a nice presentation partly due to the fact that I recently returned from the National Governor's Association State Alliance for E-health Seminar in Washington, DC, that the Honorable Governor Togiola was kind enough to invite me to join. Some of the things I'm going to talk about are items and issues that I learned at this conference which was a group of 43 of the states and two of the territories.

So Telehealth and I guess first of all, some terminology. I'm going to go back to basics because I think that's where we are in Samoa. Telehealth technology, and there were some questions that were given to us. What is available? First of all terminology, we talked about HIT which is Health Information Technology and there's a lot of technology available in health information. We have lab systems and computers and equipment in the lab; we have radiology equipment; there's notes, both physicians' and nurses' notes, that is health information and technology. We can get electronic records of people's health information; there's voice recognition packages; there's bar coding on drugs; bar coding on patients, on their wristbands. So there's a lot of health information technology there.

We also talked about Health Information Exchange or HIE, and the exchange here is the big difference between technology, and that's sharing that information that is available. We talked a lot about the sharing of technology within a state or territory and then between states or territories. And we also talked about whom are the players involved in this health information technology. The population of patients, these are the most important players because everybody knows that it's patient care that we're after. So these are our health consumers. That's a new concept, I guess. You're looking at a slide of some young people with headphones on, these are the consumers and people need a new way to consume health information, and everywhere in the United States we're talking about health consumers and people making choices about their health care.

I would say on American Samoa, people don't have a choice about their health care, they're not necessarily consumers. They're not consuming by choice, they come to LBJ because it's a one-stop shop, and it's the only game in town, but this is the population that we're serving. Also included in this Health Information Technology is the providers, and those are the health care providers. In our territories, that's very simple, it's not as complex as being in California where we have many hospitals, many private providers. We have LBJ, the hospital there, we have the Department of Health, we do have the VA – very grateful to have them involved.

And then, we talk about the payers. Again, if you're in California, there's numbers of insurance companies, there's Federal programs that pay, there's private payers. In Samoa and most territories I would say, there's not that many payers. We have the federal government, we're funded through the Department of the Interior, thank you very much, and we're funded through Medicaid and Medicare and TriCare so we really have two

major insurance companies and only, sort of, two payers – the territory and the Federal government. So there aren't that many players in order to put into place some good systems in American Samoa because we have a limited number of providers and a limited number of payers.

What are we getting at? We're trying to get to the electronic health record, this is known as the EHR and, basically, it's the health record of every individual and it's kept electronically. After that we are heading towards the personal health record and there was a lot of talk about personal health record and how much information goes into that and who is responsible for that information. I can honestly say that in American Samoa I can't imagine that people are heading towards a personal health record. We do have quite a few savvy and well-educated consumers, but as I was thinking about this last night, the bulk of our population probably doesn't have an internet connection at their home. They may live in a fale (Samoan-style open walled dwelling); they may live with a number of people; they have no idea what a personal health record or electronic health record is. All they really want is care when they get to LBJ.

Why are we talking about e-health, or telehealth? Well, it helps coordinate the care of that patient. If there are a number of providers, that electronic health record and having health information helps coordinate the care. That is very important in American Samoa because we don't have a primary care provider. Your provider is whichever doctor is on call in the emergency room when you get there, and if you get there this week and you come back next week, you may have a different provider. But each provider needs to have information to help care for that patient; information on what drugs they might be on or taking or have been prescribed to them; information on what happened to them last time they were there because they are not seeing the same doctor each visit. So coordinating care is an end to this.

Quality improvement in the data that can be obtained when you have an electronic health record, data is very, very important. You've heard quite a few people speak about data but that is baseline data, where you're starting and how you can improve the quality of the services they you provide. The electronic health record and electronic data can help you sort out where you're at. You need to know. I think that's another thing, we have had an initiative in LBJ recently for quality improvement in health care services. And our physicians basically know that they're in charge of the quality improvement at the hospital, but we don't even know where we're starting without a good system to obtain that health care data. We're starting, but we're not yet there.

Also electronic health record and electronic data can help reduce costs and reduces medical errors. It gives you information about possible allergies and drug interactions. It can increase the efficiency of the providers of services. It helps the doctors do a better job, and it will help focus clinical change. We also talk about evidence, base medicine, and so we need a baseline to know where we're at, then we can decide where we're going an electronic health record can help.

I'm just going to go through quickly some of the questions that were asked on this. What

is available in the territories? We do have access to CME and other training sessions through Honolulu, the University of Hawaii and some of the other hospitals here (in Hawaii). We have access to consultants, we've been very, very lucky in getting some revolving consultants and specialists coming to LBJ, they come for one week every quarter. But we have access to them through the Internet while they're away, and so our doctors can work with those specialists on continuity of care for those patients.

The Shriners' system, and thank you very much Dr. Ono, I know he was here. We have access to the Shriners, and we're able to work with them and share medical information about our patients. Maybe before they are sent off island for care at the Shriners Hospital, we could, if we had better equipment, have access to teleradiology and have a read be done. One of the other things that they asked about was barriers. I don't like to use the word barriers, because barriers are meant to be impregnable. I want to call these challenges to the system, because challenges are surmountable, and then you can have the success which is one of the things that everybody in health care provision wants. Even if it's a tiny little drop of success they want that to be recognized.

So some of the challenges:

Acceptance of this technology by our staff. A lot of our staff members are not even as young as I might be so they are not of the computer age, they aren't used to learning a computer system. Learning to type is very difficult. We need to train and educate the staff, training on the appropriate use of the data. Once the data is there, a very important thing is safety security and privacy, and you know, you're hit with compliance officers jumping up saying "Oh my gosh, we can't have this huge data repository. Anybody can look in there and see anything about anyone." So the appropriate use of this data is really important.

Lack of communication between agencies, even maybe within our territories, that's really important and this is known as an agency silo. So when you have different agencies working with the same patient, lack of communication between them is super important and that creates an agency silo. The lack of systems interoperability, I think that's really important. There are all kinds of systems out there, they're all based on platform called HL7, but if there's a lack of interoperability, that's a data silo.

Uncertainty among these agencies, as to what is legally required to record this data. This is medical data, so people look at what is required to record, what are you allowed to look at, who's allowed to look at it, and then we are looking at regulatory issues, HIPA, security again and then the question of ownership of this data. I'd like to change that word to stewardship because all of the providers that can look at this data really are the stewards of the data for the human being who owns that data. One of the other gray issues is medical identity theft, which seems like something very, you're only going to get that in New York City or something, but that's a huge, huge issue in Samoa. We have a two-tiered payment system, and if you're a nonresident, your charges may be higher. So your nonresident cousin is there and he might get sick, he uses your ID card to go get health services because it's cheaper for a resident. Well it can cause any number of

problems because included in that identification that this person has fronted up in the hospital and given, you can be the wrong blood type, can not have allergies noted because you're talking about a complete different person.

So the legal issues, any kind of high risk data and who owns that is really important and then why do worry about who owns the data? That information, a lot of that data leads to funding. A lot of that data is baseline data or the fragmentation of the system. A lot of our system is built on an individual grant funding so there may be a lot of different players that are interested in cancer data, for instance. We have like five or six different cancer grants in American Samoa. Whoever owns that data then can write a report and is able to go forward and get further funding in the future, so that's our data silo again and control of that data creates a silo as well. Training and sustaining staff for e-health, that's very, very important. Where do you find the staff that's really technologically savvy and can maintain that network. Where are those whiz kids? Often, they're in Carson, California, they're not in Samoa.

Infrastructure hardware and upgrades and data depositories and networking, how do we keep the information and where do we back it up to? What happens if there is an electrical outage and you can't get that data when you have an emergency patient in your ER? Standards and we talk about standards of care and quality of care but what's the standard platform that this data is going to be held on? The cost, what is the cost for this and when we talk about perhaps similar to Honolulu, what's the cost of a T1 line and how do we use the telephone or how do we use the internet in order to access the specialty care that may be available here? One of the other things if buy in from other physicians and have partners. That's really, really important. We do have a VPN, we use it quite frequently. We have three partners that we use it with quite frequently, but we need more partners, so we need to have peer-to-peer communication between maybe specialist physicians that are in the mainland and here in Hawaii with American Samoa

Then sustainable funding, because no matter what kind of system you have and what you implement, there's going to be upgrades that you're going to need to fund. You're going to need to fund communication costs and you're going to need to fund continued training for the staff that's using it and the staff that's supporting it.

One of the things I want to say is fragmentation is a big barrier and one of the needs that we really need are engaged leadership. So I also want to say thank you very much to our Governor, he's looking at the fiber optic cable network that will make interoperability and connectivity much, much better. We need participation by telerad groups and specialists, perhaps teachers and programs and hospitals so they can be at the end of the line when we have this set up, and ready to go out. We need somebody out there to be at the other end of the line when we're asking for help. We need common policies and procedures for the appropriate sharing of this information, probably MOUs and a whole bunch of legal documentation and paperwork. We need a roadmap to implement this and, you know, we do a lot of good talking but when it comes to implementation sometimes there's stumbling there because we don't really know what the best roadmap is to get from here to there. And we need to recognize the physicians that we have working on the

ground, they've been dancing as fast as they can and they are trying to provide services, and they're trying to raise the quality of the standards and they're trying to see every patient that walks into emergency room. And yeah, they need help. So, they need time as well.

(Luis Sylvester) Good morning. Good morning Secretary Kempthorne, Secretary Peake, Secretary Chu, and the representatives of the Health, Secretary of Health and Human Services. My name is Luis Sylvester. On behalf of Governor John P. de Jongh, Jr. of the Virgin Islands, I would like to thank you for inviting the delegation of the Virgin Islands to this health summit. I will just give you a little overview of the Virgin Islands. The Virgin Islands consists of four main islands: St. Thomas, St. Croix, St. John, and Water Island and seventy smaller islets and keys. We have a population of 108,440 residents. We're sixty miles east of Puerto Rico and 1,075 miles south of Miami. Tourism accounts for about 70% of our GDP, or GTP. In 2007, we had 2,611,251 visitors, 1,970,878 cruise passengers and 693,373 were air passengers, and this is important because our health care system will not only have to take care of residents but, at the (same) time, take care of our visitors.

We also have our manufacturing and have a petroleum refining Hovenza, which is the third-largest oil refinery in the Western Hemisphere, located on the island of St. Croix. And we do have textile manufacturing, electronics, pharmaceutical and a watch assembly. The major player in health care in the Virgin Islands is the Virgin Islands Government Hospital and Health Facilities Corporation. It's a semi-autonomous government agency that operates in the Roy Lester Schneider Hospital in St. Thomas. It's a 169 acute care bed facility. It also operates the Charlotte Kimmelman Cancer Institute which was recently opened in 2006. On the island of St. John, it operates the Myra Keating Community Health Center. On the island of St. Croix it operates the Juan Luis Hospital, which is a 188 bed acute care facility and in October of this year. The cardiac center will open on the island of St. Croix.

Additionally, the Department of Health operates several public health clinics throughout the territory, and we have two federally qualified health clinics which are run by nonprofit corporations. Some of the challenges we face in the US Virgin Islands is health care manpower shortage. We have funding constraints; our unavailable and unreliable data collection; we need off island travel for certain specialty care; and we don't have interconnectivity among territorial facilities. Here is a picture of the Roy Lester Schneider Hospital. It is JCAHO accredited as well as CMS certified. Here's a picture of the Myra Keating Community Center on the island of St. John; and this is a picture of our Charlotte Kimmelman Cancer Institute, a state-of-the-art facility; here's a picture of Juan F. Luis Hospital on the island of St. Croix which is also JCAHO accredited and CMS certified. All of our hospitals are safety net hospitals and the budget for each of the hospitals ranges around \$80-\$90,000,000 for each hospital.

Telecommunication can help improve patient care in the Insular Areas through electronic health records, telemedicine, electronic billing for improved collections and by providing connectivity among hospital clinics and private providers, both local and stateside.

Electronic health records can provide a seamless continuum of care from clinics to acute facilities, provider to provider, from island to island. We have a lot of patients in the Virgin Islands who use clinics and then they may eventually end up in the emergency room. With electronic health records, their records can easily be accessed. Patients who have quote, “morbidity,” have to use different physicians to deal with each of their illnesses, so electronic health records are very helpful in this respect.

Sometimes there is a need for patients to travel between islands, for instance if you're on the island of St. Croix and you need cancer treatment, you will have to come to the island of St. Thomas. So by having electronic records, it makes the records for the patients fully accessible. Some of the benefits: you have administrative efficiencies, reduction in average drug events, fewer duplicate treatments and tests, reduction in medical errors, improved coordination of treatment through timely access of health information, and is less a reliance on the patient's memory and this is very important especially when you have elderly patients. In the portability of health records, if someone has to go off island, you just have a jump drive with all your information.

Disadvantages of paper records: incomplete, often unavailable, illegible, inconsistent and not interactive. Some of the challenges of the electronic health record: The privacy concern; people are mainly concerned as to who may have access to medical information. The interoperability of systems, different providers using different systems, and, of course, there's always the cost, the infrastructure investment costs, the hardware, the software and the training of individuals.

The remoteness of the Insular Areas pose various challenges. For instance, we don't have easy access to specialty care centers, like trauma centers and burn centers. There's the high cost of travel for health care. We have to use air ambulances at times as well as pay for lodging. There's a challenge in recruiting specialists. We have unavailability of any advanced health care procedures. For instance, we don't do open heart surgery, nor organ transplants. A significant amount of care is received outside of the Insular Areas, and the cost of providing health care is higher. For instance, because we have a shortage of nurses, all hospitals spent a total of \$12 million on contract nurses so that they can maintain their accreditations and certifications.

In terms of medical specialties, we face a shortage in radiologic technologies, radiation therapist, pharmacists, medical technologists, and physical therapists. In terms of physicians, we have a shortage of pulmonologists, endocrinologists, neuron surgeons, and pediatric intensivists. Now this slide basically shows the Government of the Virgin Islands has contracted with CIGNA Health Insurance to provide health insurance to the active government employees, their dependents and retirees. In fiscal year 2007, a total of \$65,441,362 were paid in claims, and when we break it down we see that \$35,190,420 or 53.8% was spent on the US Virgin Islands where as \$29,051,999 or 44.4% was spent on the US mainland. So we can see approximately about 46% of the government health insurance claims is spent outside of the Virgin Islands.

And even though we do have retirees from the Virgin Islands who are living on the

mainland using the insurance, if you look at about the bottom of chart B that only accounts for \$4,552,418, so approximately \$24 million and \$24.5 million was spent outside of the territory on people who lived in the Virgin Islands but went to the mainland to seek care. So with telemedicine, it allows collaboration between local providers of medical experts across the country. It decreases the need to move patients off island. It enhances the recuperation due to the fact that when patients are able to have their family come and visit them, that tends to speed recuperation. And retention of health care dollars in the local economy – health care is a big business. We want to keep as much as the health care dollars within our community and not have it go off island.

Okay, in terms of some of the telehealth activity the Juan Luis hospital is using, what is called a PAC system which stands for Picture Archiving and Communication system and able to transmit x-rays, cat scans, MRIs to off island facilities. So when we don't have a radiologist on site to interpret, these it can be done by an off-island expert. And right now we are currently negotiating with some Nighthawk companies to provide that service. Edition remote hospitals have a medical technology system which keeps the electronic records of their patient's and can interact with the e-health system developed by the Virgin Islands Medical Institute. In 2005, the Virgin Islands Medical Institute launched an e-health initiative to create a total electronic medical network in the territory. So far they have issued 13 licenses to providers. This system uses Negev. The Frederiksted also has the NexGen system and the Department of Health is currently considering a proposal to install the NexGen.

With the e-health system, the V.I Medical Institute will be able to e-prescribe to the pharmacies because the pharmacies are connected, and they are on the verge of connecting laboratories so that laboratory results could be transmitted electronically. Now however, a number of physicians on the islands of St. Thomas have chosen a different system so there goes the issue of interoperability of both systems.

In terms of the Roy Lester Schneider hospital and their telemedicine capability, the hospital is setting up telemedicine equipment at the Myra Keating clinic with the Cleveland clinic so that some of the Cleveland clinic physicians can provide services that we have a challenge with providing to the territory. Some specialty services that will be offered will be: cardiology, dermatology, advanced gynecology, and you see the list of other services that will be provided.

In conclusion, I basically would like to say that telecommunications has a potential to bridge the physical distances and health disparities that exist between the mainland and the Insular Areas. I think in the Virgin Islands we are at the ground floor of developing the e-health system. It is very costly. It is challenging. But with some support from the Federal agencies, I think the potential exists for us to really develop a good e-health system that can be used as an example for some of the other Insular Areas, even parts of the United States. And always being attuned to looking into opportunities in tourism, we would eventually look towards medical tourism as another avenue to bring business into the territory. Thank you.

(Stanley Saiki) I would like to thank Secretary Kempthorne, Secretary Peake, Dr. Chu, and Mr. Lorentzen for allowing me to participate today. Also, I would like to thank Mr. Sylvester for doing an excellent job of talking about telemedicine and relieving me of that responsibility. I'm here today representing a couple of different capacities. I am with the VA Pacific Island Health Care System part of VISN 21. VISN 21 is in Northern California, also referred to as our mother ship. I'm also with the Pacific Telehealth and Technology Hui which is a joint venture of VA and DOD Information Technology Organization.

I'd like to reflect a little bit and say how happy I am to be here. I've enjoyed hearing about the real challenges that are apparent in the Insular Areas and inspired by how people have come together and overcome them in part. But there continues to be challenges that remain.

Governor Tulafono brought up the web and how our flattening world can be well served with telecommunications and telemedicine, and telehealth is certainly part of that now. I wrote telemedicine on my slide, but certainly telehealth being more encompassing, including education, including preventive medicine; preventive health care is actually more operable to the theme. This is our network. We communicate from the VA Care Clinic in Honolulu. With Guam, the clinic there has been mentioned, Kauai, Maui, Hilo, Kona, and our most recent CBOC in American Samoa, as mentioned. But also to our mother ship, VISN 21, where we get access to medical expertise and, often in challenging cases, transport our patients up there as well as to Tripler where a very large part of our work is done.

I did want to mention, though, that we also connect on the network to the University of Hawaii, to the State of Hawaii health access network and to PEACESAT (Pan-Pacific Education and Communication Experiments by Satellite). Dr. Kristina Higa controls this network and you got to admire a woman who controls satellites. That's what a technologist aspires to. I can hardly program my GPS, but she controls these satellites and what it brings for connectivity and collaboration is a tool. It doesn't help you with power, it doesn't help with water, doesn't help with antibiotics or insecticides, but it does help you share what you can share and work together to leverage your resources, our resource to move forward.

Now this is quite an elaborate network, and I feel a little uncomfortable describing it because these folks really need to be on this panel. Dr. Okomura and Dr. Higa are some of the band width gurus for the Pacific. They have a number of projects and a good amount of funding to do that. Now I know a lot of the jurisdictions already do this. Many of the programs that we have talked about, they have already availed themselves to this technology and this system. And they (PEACESAT) have certainly the means to provide additional capabilities in the future.

Back to the VA; VA certainly has invested, over the years, in a lot of telecommunication and health information technologies. I come from the private sector, but when I came to

the VA, I said, “WOW”. You know, they’ve connected 146 hospitals, 650 outpatient clinics on an electronic health record that can serve as the backbone for telemedicine. When you talk about store-and-forward, the talking part is there. You attach the pictures and you have store-and-forward telemedicine system. The ability to reach out to any of these clinics across the country, and it is really paramount and with our CBOCs in Guam and American Samoa. It covers very pretty much the globe. The VA does telemedicine in various modalities, certainly synchronized video conferencing, we do home monitoring services and store-and-forward capabilities as I mentioned.

I would mention I feel compelled to say that telemedicine, and telehealth is being discussed a lot at this conference; what I would want you to go home with is that it’s not as easy as you might think. It’s much more difficult than you think it might be because it is really much more complex. Not only do you have people on both ends of the communication who need to be coordinated, there is an exponential rise in the complexity. We’ve learned a lesson many times that you can’t just buy equipment.

“If you build it, they will come?” Not at all. You’ll have equipment lying around that you can’t use, particularly in resource challenged environments. This is exactly what you don’t want to do. And the big lesson is it is not the technology, it is really the people. You can overcome the technology, but the availability of people to pick up the phone is really crucial to a successful system. The other capacity I wanted to chat about was the VA, DOD Pacific Telehealth Technology Hui.

Hui means partnership in Hawaiian and it is an organization that stems from the vision of Senator Inouye; the leveraging of Federal capacities is emulated or tried to emulate the Alaska Federal Health Care Partnership. Mr. Hal Blair, here from Alaska, is very intimately familiar with that successful system. We’ve tried to do a similar effort here in Hawaii with the Hawaii Federal Health Care Partnership. The Hui is the technology arm of that partnership and it is an amalgamation of our technology shops at VA and DOD. Initially our early missions included supporting the Pacific Health Care Project that CAPT Lane discussed. We have successfully initiated other platforms, one is called Pacific Asynchronies Telehealth, that I believe Dr. Hedge talked about and is currently still in place at Tripler, and a number of other programs. But what I wanted to convey was the ability to form this joint venture organization that has allowed us to maintain a critical mass of technology, of experience. And with this mass we were able to help others through technology transfer, the ability to take government developed technologies, tax payer paid technologies and make them available to others. And we are happy to say that the early years of the Hui started with Senator Inouye and Director Burdge at the VA, as well as General Adams, and allowed us to work with LBJ and install Vista there. Mr. Tulafono, who’s a real smart guy who we are lucky to have was able to take the system and make it your own. I think the ability to do that with open-source technology, open-source information systems enables many across the globe to do it and in fact the system is going in many places and its available without licensing fees. It is not to say that it is free. I’m sure it is very expensive if you have to maintain the technology and you have to maintain the people which is often the most important component. Similarly technology transfer of path, another platform similar to Dr.

Persons' and CAPT Lane's Pacific Islands Health Care project, has occurred and we actually moved this to local hospitals in Hawaii and it has been available to hospitals anywhere. So the ability to do that technology transfer, I think, is an opportunity and perhaps a model for being able to be enable you as Insular Areas, we as Island communities to leverage technologies. Unfortunately the Hui was predicated upon the ability of Indian health service or the Native Hawaiian community to participate and as such the bill has not been passed, so that has never come to fruition and we've not been able to maintain that structure. So Hui subsequently has realigned to function as a research and development organization.

So my closing points are, as we've heard through the conference, technology can be a force multiplier for resource challenge areas, remote areas and the Alaska Federal Health Care partnership might be on a model for collaboration that will allow technology transfer and certainly collaboration of a critical mass that other jurisdictions can indulge themselves of would be a useful thing. Thank you for your attention.

(Secretary Kempthorne) Thank you all very much. Do you believe we can develop a protocol with regard to equipment because it's not unusual for hospitals to say that they have the next generation of equipment, and therefore would make available and as you point out you may not have a source to provide the parts and you may not have a personnel to run it. Is there some way to just succinctly state so that when you have people who want to help, we can send the guidelines of what would be helpful and what would not.

(Stanley Saiki) I can give you an example: The Alaska Federal Health Care Network has identified standards they expect all their participants to follow. Certainly we are at something of a battle because in the competitive capitalist environment, everyone has their own system to sell and sometimes their profit motives in selling things that are not compatible because it compels you to buy things from them so that is a standards issue that we will overcome over time but for the moment it remains quite a difficult proposition.

(Secretary Kempthorne) Alright thank you. Let me open this up then.

(CAPT Lane) At this time I've been asked by Marina Tinitali and Ryan to introduce J. Peter Roberto who is the acting Director of Public Health and Social Services at Guam. While he's coming to the microphone, I'll answer Secretary Peake's question about the allocation of resources for the Pacific Islands Health Care project; about 60% in FY 07 went to in patient care, 30% patient travel and 10% out patient care.

(J. Peter Roberto, Guam) Well thank you, Mr. Secretary, good morning. Secretary Peake, Dr. Chu and Lorentzen, good morning. Hafa adai! I want to thank Marina for the invitation to come up to speak about the impending military buildup for Guam and what is basically happening with health and human services. I just want to say, Secretary Kempthorne, thank you for your leadership of the Department of the Interior and I think this conference is very much in line with the Governor's vision in moving forward and

preparing our island for what you very clearly identified yesterday – imagine a 40,000 population increase in just a short period of time and the work that is going to be needed. It is really going to take leadership at the highest level, and work that Governor Camacho set forth through the establishment of the civilian military task force. Of the 11 subcommittees, one of them is health and human services.

This subcommittee has been working very closely with not only HHS but also other Federal partners like Interior and Department of Defense as well, and over the past year and half I'm very happy to report that through the very close work with your Department as well as with HHS, we were able to establish four key priorities. And these priorities are going to set the direction for pretty much establishing the blueprint for change and transformation, meeting this population buildup. With these four priorities, we really see how they coincide with many of the issues being brought forth today in this Insular Areas summit.

1) Workforce development is the first priority. Identifying the key shortages, and yesterday I heard some good news that our application for a health shortages designation, we are looking very good, and progressing to in the next step forward in getting this very important designation to address our health-care shortages;

2) Infrastructure building. It not only is looking at the capital infrastructure, for example the \$100 million request to address the issues of our hospital to address the need for expanded beds as well as medical equipment and other capital issues, but it is also addressing program infrastructure. And when we look at the program infrastructure we need to look at a lot of the ways of thinking out of the box such as telehealth and other areas where we need to begin leveraging the resources and as a region. So it is really a very over arching priority.

3) Financing health. This is where Medicare, Medicaid, and I thank you Mary for coming up and doing a presentation because we're certainly going to have to look out at ways of financing health care. As we look at this population buildup as it affects Guam, we always have to have the broader thinking of what health care impact it will have within the region. So it is as much a regional buildup as it is a Guam buildup and it really is about regional value.

4) The forth that we're looking at is a pretty much our issues on regulatory and policy issues. We again need to look at the current regulations of health care and some of the policies that we're needing to change and adjust, because with something of as large an effect as this build up will have, we have to really revisit what some of the impacts will be. For example, with the issue of Medicaid cap. We really have to revisit that policy because, really, at the end of the day it is an issue of funding.

Right now the HHS subcommittee is getting ready to move forward with the strategic plan and, again, we appreciate all the help that we are getting from the Federal agencies. Thank you.

(Secretary Kempthorne) Very good. Thank you very much. It is an amazing undertaking. Alright ladies and gentlemen this is open mike.

(Ed Tepporn) Secretary Kempthorne, Secretary Peake, Under Secretary Chu, honorable leaders as well as distinguished panelists, thank you for this presentation on telehealth and how we can use it to build capacity of health care workers. I think it is also important for us to continue to look at the role of nongovernmental organizations, especially in the context of prevention and health education as part of health care. And in that vein, I just want to share with the summit lessons learned from PIJAAG, the Pacific Island Jurisdiction AIDS Action Group. Some of you in the room have had the opportunity to interface with PIJAAG. We actually also have one of the co-founding leaders of PIJAAG in Justina Langidrik of the Republic of the Marshall Islands.

PIJAAG, for those of you who aren't familiar with it, it is a loose coalition across the six Pacific Island jurisdictions that's made up of representatives from both the ministries of health and departments of health as well as of nongovernmental organizations in each of the jurisdictions. It operates without a budget, but we are able to do our work through a series a conference calls as well as tag-a-long meetings. And despite that lack of budget we have some successful opportunities such as the two Pacific Island PIJAAG summits on HIV that took place first in Palau in 2003, and most recently in the Federated States of Micronesia last year.

The three issues that PIJAAG really tries to work on, I think that they are tied to health care, are around issues of surveillance, around shipping of specimens, and around lab analysis of those specimens. And as you are looking at the infrastructure of hospitals, I hope that you're also looking at infrastructure of laboratories to also analyze the different tests that are going to be required at those hospitals. I wanted to offer two things: One is that we are currently working with the life foundation here in Honolulu on a case study of our best practices in terms of increasing capacity building especially in terms of the work around health care workers, the ministries of health and departments of health and nongovernmental organizations and how those three different entities can really work together to improve health. Two, I'd like to put you in touch with our two current co-chairs, Lexus Ovarian from the Gua'han Project in Guam, as well as Fara Utu, who oversees AIDS prevention in American Samoa. You may wish to dialogue with them about some opportunities where we maybe able to take some of the lessons learned from PIJAAG and apply them to your work in health care. Thank you.

(Secretary Kempthorne) Very good, thanks so much.

(Steve McBride) Secretary Kempthorne, Secretary Peake, Secretary Chu, I'm Steve McBride, I'm an internist and a VA physician and I wanted to thank you for this conference, and one of my most abiding concerns will be that the work that's begun here is carried on through the next administration. I, as a VA physician, have had the opportunity to visit several areas in the Western Pacific that we've talked about today. About two decades ago, when I first joined the VA, several governors ago and a couple of CEOs ago, I went down to American Samoa and began to take care of patients at LBJ

Hospital and also to do compensation and pension exams. Subsequently, I had the opportunity to go to Guam and take care of patients there, and here in our partnership with Tripler Medical Center I've had the opportunity to take care of individuals from Micronesia, including the Army Sergeant that was mentioned in the brief who is now living in Pohnpei.

One of the things that struck me always as I went down to these islands was the number of brave men and women who have served in the military. One only needs to go into the villages in American Samoa or out into Guam and see the flags of the various service branches that are displayed. We have men and women there who their commanders will say were among the bravest, most courageous, most dedicated, military personnel during their service, and they rose to the ranks of Command Sergeant Majors and the like in the various branches.

We in our VA medical centers have often emblazoned, "the price of freedom is visible here." Well the price of freedom has become quite visible in these islands as we see what Federal beneficiaries have to contend with in terms of getting their own health care, and Secretary Chu mentioned that these Federal beneficiaries do have entitlements. So I am relieved that we are looking and talking to this. You know someone has said to me, "You know, they choose to live where they live." I disagree. Every American Soldier, Sailor, Marine, Air man or woman should be able to go back home and have the kind of health care that they were entitled to just as if they stayed in the continental United States.

So, I certainly agree with Dr. Panapasa that we need to begin with a very careful analysis of health status, the health care resources and health care disparities. But we need to follow that up as we make those changes and allow for the implementation of better standards of care. I think that one of the lessons we've learned in the VA is the need to partner and, in Alaska, I'll offer you again the reminder that the Federal Health Care Partnership in Alaska was a voluntary partnership, recognition of the major Federal agencies and the state of Alaska that the wide geographic areas and the barriers to communication and health care were better addressed by partnering. Thank you.

(Secretary Kempthorne) Doctor, thank you for your service.

(Jamie Spence) I am Jamie Spence of Canvasback Missions. There's something I feel needs to be said before this summit concludes. There's been a great deal of focus on the problem and there's been some focus on solutions. But on behalf of the hard working health care providers of the Pacific nations, these people perform miracles. It is a daily miracle that they are able to sustain the level of care that they provide with the meager resources that they have to work with.

(Michael Epp) Good morning, my name is Michael Epp. I am the Executive Director of the Pacific Island Health Officers Association. Secretary Kempthorne, Secretary Peake, Under Secretary Chu, and Director Lorentzen, thank you for your very thoughtful leadership and obviously heartfelt leadership in this important meeting. I just want to share two thoughts. One is CAPT Lane's description of the Pacific Islands Health care

Project. That is probably one of the most successful examples, 16-18 years of telemedicine in the Pacific, and I would encourage anybody who is interested in partnering and developing that infrastructure that they take a close look at that project. We commend Tripler Army Medical Center for their continued commitment to it. The other thing I just want to share briefly because the discussions of telemedicine also invariably begin to envelop electronic health records and data questions, and I want to share some of the thinking that the health officers have undergone in the last year. One of the key priority areas that they have begun to identify in talking about data systems is really the issues of data literacy, and a challenge in the Pacific is really having health care workers at all levels really understand how data transforms the health care of the people around them, how a community health care worker who is collecting data from a village level might actually impact the health of their aunty or their village leaders.

Same thing within the health systems. In each of the health systems there's really a challenge for people often times to understand how do you take data information and use it in a transformative way. So there's a danger that technology is focused without a really careful calibration of what the educational capacity, and educational systems are within the region. And for this reason the Pacific Island Health Officers Association at the last meeting identified data literacy as one of the key priority areas in data development and endorsed a number of efforts to support data literacy. One is a public health training program that is now being accredited through the College of Micronesia, FSM and Palau Community College and will be made available to all the Community Colleges; an effort really to build a deep understanding within the health systems of how to use data and some of the basic principles of public health. So I would encourage the Department of the Interior, as we develop these regional initiatives focusing on education, that they consider ways to support these regional efforts.

This discussion of health is really incomplete without also having the education sector here sitting at the table because until the Pacific leadership really take a core understanding and leadership of health care – there are some really strong people in the region – but until the capacities are improved and built into the educational system, it will still be an ongoing challenge in 10 or 20 years. Thank you.

(Secretary Kempthorne) Michael, thank you.

(Jacque Spence) I'm Jacque Spence from Canvasback Missions and I wanted to thank you very much, Secretary, for the generator in Chuuk. I can tell you that there have been some very tense moments with our surgery teams, in the middle of a surgery, when the generator went down and we just had to wait patiently. So thank you very much.

I wanted to address the idea about volunteers as advocates for obtaining equipment. I know so often that in the islands they have been sold equipment with all the bells and whistles that are available that are not appropriate and the equipment is high priced, and often the maintenance is very costly.

An example of this is a blood analyzer machine that was purchased by Kosrae. When the

machine broke down, they went to the third person who purchased it, the middle man, he was out of business. They didn't know how to go to the company in NJ (where the equipment had been purchased from) and so I was asked to go and advocate for them. The equipment manufacturer said they would repair the equipment but it had to be sent to the Netherlands for repair. Now how do you get a blood analyzer machine from Kosrae to the Netherlands? It's almost impossible. Volunteers can serve as advocates. You want to get equipment from GE. It's hard to call from the Virgin Islands, but our organization Canvasback has served as an advocate for many of the island hospitals that needed equipment. Many of our volunteers are able to look at the equipment and say, "Hey that's not appropriate for the islands. They don't need that sophistication. It's going to cost too much." And they've gone over to their equipment manufacturers and companies have said, "You know that's really too expensive. You have a great contract with Kaiser and we have a great relationship, so I want you to help our purchase of equipment for the islands." So I just want to emphasize that volunteers can be a great deal of help. They need advocates on island and on the mainland to help them purchase equipment.

(Secretary Kempthorne) Very good. Jacque and Jamie, thanks for what you do with Canvasback.

At this point I'm going to turn to the island leaders and ask if there's any concluding comments. We're going to take a 1-2-minute concluding comment from each of the leaders, then I'm going to ask the members of this panel for their comments, Congresswoman and then we'll wrap. So with that, Vice President Chin, any concluding thoughts?

(Vice President Chin) Thank You, Mr. Secretary. I think, wow, this conference opened my eyes Mr. Secretary. There were a lot of things that I was not aware of and, because of this conference, it has opened my eyes. I've been to many but this is probably the greatest one I have attended.

Solutions, I think most of them have been addressed. But I think one of the things is you must have is a friend in Washington. I think, Mr. Secretary, that you are that person, and I want to thank you for that. Dr. Palafox explained some of the solutions. He mentioned defining standards of care as a minimum. I believe that's a must. We have to start from a point and know where we want to be. **(AV ends)**

AV 09.30.08 HS 4: Floor Discussions and Closing Comments

(Vice President Chin) (continued) And then next year with the limited resources we can build our hospitals if necessary. But we must cooperate. We can't just say "give me, give me, we need, we need" and hence on and so forth. We have got to cooperate with our limited resources.

Purchasing medicine is one of the problems we face and I think somebody mentioned bulk purchasing. I think if we cooperate and get all of our purchase requests together, I think we can find a place where we can get discounts for our medicines. But we need an organization which will put all of our requests together and then find a place where we can purchase this medicine.

And then, finally, with the shortages of personnel in terms of doctors and nurses, I know there are retired personnel all around the world and that we could probably use those people to volunteer their time. I don't know the mechanism to do that, but I think if you do that, then you can utilize those people. In the meantime, we can do the training for the medical personnel for the near future. So, I just wanted to say that, Mr. Secretary.

I looked at the schedule for this afternoon and saw that there is an afternoon working session for Insular Area Health Officials. I don't know what's going to be discussed in there, but I believe it should be part of this conference report. So that is just my request, that they be included in the reports so that we all benefit from that. Thank you very much.

(Secretary Kempthorne) Very good. Mr. President, thank you very much. Governor Togiola?

(Governor Togiola) Thank you very much Mr. Secretary and Secretary Peake, Secretary Chu and Department of Health and Human Services. Congratulations are indeed in order to you, Pulelei'ite, as I said earlier for the vision to bring us all together to the table. I think first and foremost that having the ability to do this is really something that requires recognition, and I think everybody here recognizes the wisdom that you've all expressed in doing this. And, as has been expressed, the fear that we would always have is that we're starting something here, at the end of your administrations, and that it might not go anywhere. I've expressed that in my opening statement. But with your commitment that you've expressed through the joint statement between the departments and the joint statement of you, along with the leaders that I've cited, I believe expresses your commitment that you will not just leave this at the table here today. That you will find a way to make sure that this goes on and it will endure. And that we'll come back together some other time to check on the status; where we are at and where did we go from here. I am very much encouraged by that.

As a parting comment, let me just say that we've heard so much during these last two days, and, unfortunately, we're not in any capacity to absorb them all and be able to and to know them all by details. I hope some effort will be made, as you expressed earlier, to

document the presentations, and to have a summary of the transcripts of the presentations. Much of the information is very useful. Much of the information is very relevant. And all of it, in my opinion, needs to be delivered back to us. Some of us are running for reelection, so we may not be here next year. But I would like to pass them on; all of us pass them on because they're useful, there's no doubt about it. That whoever's going to be in governance next year, after all these elections, needs to understand these things and needs to know the efforts that had been made. I hope a good documentation of what has happened here will be preserved, so that we too can share with that information.

As a final comment, Mr. Secretary, I again reiterate what I had said earlier today, that I think some immediate effort for establishing networking should be made immediately. And I think as part of your efforts in bringing about the business links, I think this is very much part of our business in the Pacific. It's not so separated. Health care is very much an important business for all the Pacific leaders. And I think the business link website should have some portal available so that we can communicate, so our health officials can communicate. I think giving recognition to the VA program because, DELTA, which is our Distant Education Learning and Telehealth Applications network in American Samoa, is part of that. I think it's something also that should be promoted in all the jurisdictions that we can communicate for health reasons. I will say that we've benefited a lot from these two days of presentations. It has opened our eyes to very minor issues that we need to address to very complex issues. It has opened our eyes to minor concerns to very complex concerns and is kind of a reflection of where we came from, where we are at today, and what we need to do to go forward is going to be a very important part of this conference. Once again, congratulations.

(Secretary Kempthorne) Thank you very much. Togiola, I appreciate your very fine comments. We are going to do a compilation of what took place during these two days and I've discussed this with my staff, so from October 1 to November 1, that will be undertaken. November 1, then, that would be made available electronically for all participants. And we would ask those of you that can do so, to please review and in particular review your section where you make comments or where you made presentations and in that two-week review period, get back to us. And then on December 1 is our target. We would then be able to finalize this and then, in December, distribute.

I will tell you the essence and the benefit of this is this would've been very helpful if, when I began my tenure, I had something that identified the challenges, identified the foundation, identified the assets, and had it passed forward. Now remember the compilation is just a summation of what was said here. It is not the game plan, that's to be submitted in June of 2009. However, in going through this compilation, those critical needs that are critical and therefore to the extent we can move on them, during a transition period which will occur after the election, that is the sort of information that I will pass to my successor that will be named. And the successor will want to know what the key areas of importance of the respective departments are. This will be one of them that I will then pass on to the transition team. So all of this will be very beneficial. With that, Governor Camacho, and concluding comments?

(Governor Camacho) Yes, thank you Mr. Secretary, I'd also like to express my thanks to David Chu and, of course, Secretary Peake, Tom Lorentzen who is here, and of course to Joxel Garcia. To all the panelists that have been here, a tremendous resource. My observation is that although there are many problems and challenges and difficulties we all face, the one great thing that we will have going for us is if you look around the room here, you see many people have that passion and really care for what they're doing and are the difference makers. And so with the establishment of your Interagency Coordinated Assets for Insular Health Response, ICAIHR, for the compilation of data that you're going to have and the game plan that eventually will result from that, from the transition that will come for the next administration, it really is going to be important for all of you that are here working with the eventual leaders that do come out with the new administration to not let this fall that but rather to "give it legs". It's with your passion that we can achieve great things. There's a saying that goes: "in the multitude of counselors there is safety," and, Secretary, with your wisdom what you've done is exactly executed that here. These are the counselors, these are the people that understand it and live it day in and day out, and very eloquently laid out with great articulation the challenges we face.

I leave you inspired. I will meet in October at the chief summit in Pohnpei with the other Island leaders from Micronesia and they've agree that we are to work on a resolution and see if there's a way that we can come together and, perhaps through resolution, come up with some the concept of Micronesia as a Health District and taking it from there. I think we would be stronger united. We could perhaps get better recognition from the Federal government and, through common ground, begin to pursue things that are realistic and doable. I thank you for your leadership. I thank you for your, as Government Togiola had mentioned, your vision and, most importantly, for your stewardship.

It's been a pleasure working with you all these years. God Bless You.

(Secretary Kempthorne) Thank you, Governor, very much. Governor Camacho makes a key point. You all have articulated so effectively and now it will all be reported in one location. This report will be a tool. And many of the people of the respective departments are still going to be here. They are the dedicated career people. This is the benefit - you may have a few changes amongst us, but you have many of those individuals, all of you in this room, and now you have this tool. And so when the island leaders come together with the next administration, they have this tool that will help give them focus. It is going to be very beneficial. And now, Congresswoman.

(Congresswoman Christensen) Thank you for taking me now because I have to go and check out from my hotel room. But I want to thank you again Mr. Secretary and the other Secretaries for this conference. It's been very informative and the amount of information shared will help us as we move forward to improve health care for all of our territories. I want to say that I'm speaking on behalf of Congresswoman Bordello as well as we both Chair health for our respective caucuses and for Congressman Faleomavaega also.

A few points: 1) we've been inserting ourselves into the health care reform discussions that have begun and will continue into the next Congress and I know as Chair of the Congressional Black Caucus Health Task Force, I have put forward as one of our principles that territories and Native American Tribes must be included equitably, and I will continue to push that. Legislatively, we will want to follow-up on the IOM discussion that we had and add language inserted into the labor HHS appropriations bill to have an update on that IOM report and study for all of the territories. I mentioned that the Virgin Islands had asked GAO to perform a review on the quality and accessibility of health care for our (USVI) veterans. I will request that GAO expand the review to include services for veterans in all of the territories and the freely associated states.

Telemedicine offers so many opportunities. Telemedicine and health information technology and an electronic medical record. It ought to be made a priority. It can not only greatly improve the quality of healthcare we deliver, but it will also save dollars that can then be redirected elsewhere to increase salaries, to provide maintenance and buy equipment, or to meet some of the other needs that have been pointed out here. But it occurred to me as I was listening to the panel that we also have at various times in the Virgin Islands tried to have residents come to our hospitals and do rotations. We've not been able to do it to the extent we would like to because we don't have maybe the board certified specialists in their particular specialty to supervise. But telemedicine might make it possible for us to have residents rotate through our hospitals and enhance our staff and the services because they could be supervised by the board certified doctors where they are coming from, so that might be another opportunity for us. Lastly, we know you don't want to issue directives at our governors and the governors don't want directives issued at them, but regarding the OMIP funding, maybe some guidance might be given and coming out of this summit that a certain portion of the OMIP be considered applied to health care improvements based on the priorities that will be developed and as we discuss this further. Lastly, I just look forward to working with the interagency group that has been put together and help to implement, where legislation is needed, some of the proposals that will come forth.

Want to thank you Mr. Secretary, the other Secretaries, our Governors and Presidents and all of our representatives here today. And especially to thank those people who create those miracles everyday on the front lines of health care.

(Secretary Kempthorne) Thank you, Donna. Lest anyone think that we are simply going to compile and then we're out of here, I'm going to be meeting with these gentlemen (U.S. Principals) when we get back to D.C. We are about ready to launch something truly significant and exciting and beneficial.

President Mori had a meeting that he had to go to and he left closing comments.

(Closing Remarks for President Mori were delivered by Lorin Roberts, FSM Secretary of Foreign Affairs) Thank you, Mr. Secretary, for allowing me to express our appreciations to you on behalf of President Mori.

We found the discussions very informative, educational and interesting. We thank you very much for your leadership, your vision, and for highlighting the challenges facing the Federated States of Micronesia. We join others in welcoming the interagency group. We think that it will not only provide guidance and support to our health issues, but also importantly highlights the friendship and the partnership that we enjoy between our two countries, the United States and the FSM. Speaking of partnerships, we can't help but remember our young men and women in the US Armed Forces contributing to the peace and security of our world. We remember them, we support them, and we always remember them in our prayers.

My government takes great pride in the relationship with the United States. The United States has nourished us; it has sustained us; it has enriched us; and it has made us a strong, small island democracy in the Western Pacific. Thank you very much.

(Secretary Kempthorne) Very Good. I appreciate that very much. Because of flights, because of checking out, we are going to have to wrap this. So, to Secretary of Health Villagomez and Commissioner Fludd, I appreciate you both being here and if you want to submit something on behalf of your respective Governors, it will be included in the record. Thank you for your very good articulation.

With that, Director Lorentzen, any closing comments?

(Director Lorentzen) I just want to thank you Mr. Secretary, and the other Secretaries and the leaders, and everybody in the audience. On behalf of Secretary Leavitt, we thank you for all you do. I think the one message that I will walk away with most is how unique the challenges and needs are in the Island communities, and how they require unique responses. And also how uniquely important the health and well being of the people on the islands are to our nation. To everybody else here, thank you.

(Secretary Kempthorne) Tom, thank you so much. Dr. Chu?

(Dr. Chu) Mr. Secretary, thank you for your leadership in convening this conference. It underscores in the comments from our leaders, likewise underscore the principle we are all in this together. And we pledge that, in so far as I have responsibility with Department of Defense, I want make sure we do advance this developing agenda in these many months of this administration so there is a firm foundation for the future. I very much look forward to what the groups this afternoon are going to produce, and to what the ICAIHR team will produce in the next several months.

(Secretary Kempthorne) Perfect David, thank you so much. Dr. Peake?

(Dr. Peake) Let me just have all the VA people stand up. I guess the point I'm trying to make here is we're in this fight with you. We have a responsibility to those who have served this nation that are serving with a higher propensity (per capita) as we have heard over the last day and a half. The opportunity to synergize our efforts with those of you in

the leadership positions is a great opportunity. We've heard a lot about the power of information. There's been a lot of information provided over the last day and a half that I think will inform us and guide us to help us move forward with that synergy appropriately. As Governor Camacho talked about in understanding the local vision of the community of Micronesia, so we in the VA look forward to being a part of this. I thank you sir for the opportunity for being here.

(Secretary Kempthorne) Thank you so much Dr. Peake. Let me thank the island leaders, long-distances, they stayed through the whole thing. Let me thank all of you; you have added immeasurably to the well-being of wonderful citizens that are throughout our Insular Areas. We have talked the whole spectrum, from fiber-optic cables being laid on the ocean floor; hyperbolic chambers; incinerators; to rubber gloves. Every one of them is important. The heroes here are the health care providers, the nurses, the doctors, the technicians, the volunteers. We salute you and commend you.

I want to thank my team at Interior; appreciate what you did. Will my folks from Interior please stand so I can thank you. And in that team, Nik Pula, Doug Domenech, thank you for the leadership, the focus that we're bringing to this.

You saw us passing some papers around here this morning. We're going to distribute to those of you, we'll put it on the website, but it is Joint Statement of Resolve. We believe that it encapsulates, and probably will be the preface to, the report that ultimately comes out. Let me thank all of you for being here. Let me thank you for doing this. It was very beneficial. And there are children throughout the islands, and children yet unborn, that will benefit from the two days that we invested here, as well as people currently needing the benefits of health care.

God bless you all. Travel safely, and we're proud to be partners with you.

AV 09.30.08 HS Wkg Grp: Island Health Officers - Afternoon Working Session

The working session included the following attendees representing: hospitals, clinics and health departments of the Insular Areas and of the State of Hawaii; the Office of the Vice President of Palau; the office of the Lt. Governor of Guam; various Federal departments and agencies; U.S. colleges and universities; and several non-profit organizations. Some of the attendees did not speak their comments directly into one of the microphones provided and, therefore, were not clearly captured on the AV and could not be included in the transcribed information below.

Attendees:

J. Peter Roberto, Acting Director for Public Health and Social Services, Guam
Joe Kevin Villagomez, Secretary of Public Health, CNMI
Jaime Spence, Chairman and President, Canvasback Missions, Inc., Venetia California
Jacque Spence, President Canvasback Missions, Venetia California
Carolyn Shrew, Administrator, Health Services, Kosrae State, FSM
Elizabeth Keller, Director of Health Services, Pohnpei State, FSM
Justina Langridik, Secretary of Health, Marshall Islands
Lynette Araki, Senior Health Policy Analyst, Health Resources and Services Admin
Dr. Greg Dever, Director of Bureau of Hospitals & Clinical Services, Palau, Chair of PIHOA, HRH Committee
CAPT John Walmsley, Senior Health Advisor, HHS, RIX, OPH
Arley Long, Administrator, and Family Nurse Practitioner, Public Health, Tinian, CNMI
Patricia Tindall, CEO of LBJ, American Samoa
James Taylor, Legal Counsel to Vice President Chin, Palau
Luis Sylvester, Health Policy Advisor to the Governor, USVI
Carlotta Leon Guerrerro, Chief of Staff to Lt. Gov Cruz, Guam, and Exec Director of Ayuda Foundation, an NGO
Irene Paul, Asst. Secretary of Health, Ministry of Health, Marshall Islands-Ebeye
Vivian Ebbesen-Fludd, Commissioner of Health, USVI
Morgan Barrett, Deputy Director, Hawaii State Dept of Health
Stevenson Kuartei, Director, Bureau of Public Health for Palau
Clifford Chang, Executive Director, Pacific Islands Primary Care Assoc., Hawaii
Lydia Faleafine-Nomura, Interior, Office of Insular Affairs, Am. Samoa Field Rep
Ryan Edgar, Interior, Office of Insular Affairs, DC, Policy Desk Office for Guam
Marina Tinitali, Interior, Office of Insular Affairs, DC, Senior Policy Officer
Michael Epp, Executive Director of the Pacific Islands Health Officers Assoc (PIHOA)
Sela Panapasa, Institute for Social Research, University of Michigan
Bill Gallo, CDC, Senior Management Official, HI and US-affiliated Pacific isles
Marie Lanwi-Paul, Asst. Secretary, Ministry of Health, Marshall Islands - Majuro
CAPT Cathy Wasem, Senior Public Health Advisor, PHHS, RIX
Dick Brostrom, Medical Director, Public Health, CNMI
Vidalino Raator, Micronesian Dental Support Project, Santa Clara University, CA
Carmelo Rivera, Chairman, Government Virgin Islands Health&Hospitals Facilities Corp
Julio Marar, Director of Health, Chuuk State, FSM
James Gilmar, Director of Health, Yap State, FSM

(Michael Epp, Executive Director, PIHOA) I think we have until 4, 4:30. Joe needs to leave at 4. Maybe we can convene and just start. Is there anyone that would like to lead this as a facilitator? (Michael nominated, nomination seconded). Ok, if everyone accepts that recommendation.

(General) Group discussion to establish the purpose and outcome of the session: Opportunity for Insular Area health officials to respond to the meeting with some clear recommendations and comments that can be included in the official record for the meeting.

(Michael Epp) We invite and welcome the non-governmental organizations (NGOs) to participate and help us formulate some type of response that's appropriate. Is that everyone's understanding of the purpose of this? And I think if all we did was come up with 4 or 5 recommendations as a response to this, I think that would be a pretty good outcome in the limited time we have. Does everyone agree with that or do you think there should be some other additional outcomes of this meeting? That would be recommendations from the perspective of the insular health officials for the final conference report. I'm suggesting that, but that's open for discussion.

(General) (can't hear the people's comments if they do not speak into the mike).

(Michael Epp) I think we're probably most concerned with some type of summary document being integrated. This arguably, from the island health officials prospective, could be one of the most important components to this two-day summit. So what I'd like to do is open this up and I would like to give some priority to the island health officials.

(Dr. Greg Dever, Director, Bureau of Hospitals & Clinics, Palau) Nov 1, draft of the report of the summit, comment period – 2 wks, (read notes on what the Secretary said) Preliminary report by Nov 1, within a 2-wk period, comments, then by Dec – finished report regarding the summit, game plan implementation issue by June 2009, that's what was said.

(Michael Epp) We have the room to 4:30. Suggest, let's have open discussions, starting out with the island health officials and then hone in on what the main recommendations are. What is the message to take back to our Federal partners in terms of recommendations based on the last two days?

(Carlotta Leon Guerrero, Chief of Staff to Lt. Governor of Guam) Something that I have been sitting on for years and it goes to something that Secretary Kempthorne was saying that he would like to see partnerships with hospitals in the US and their surplus' moving out to partner hospitals in the regions. There's this mechanism called the Denton Amendment and that's how you can move humanitarian cargo on DOD ships and planes. The Denton Amendment needs to be fixed and amended because right now it can not go to the freely associated states. The movement of this surplus equipment can be facilitated if the Denton Amendment is amended so that the freely associated states can be the

recipient of DOD movement of cargo. And it has to go through a Non-Governmental Organization. So right now if there's so much grain in the US and they want to give it to the Balkans, they can do that. And if they want to move excess school buses to Nicaragua, they can do that. But, if you try to move hospital beds on a Navy ship or an Air Force plane to Micronesia, you're stopped. So a solid recommendation to facilitate what Secretary Kempthorne was saying is to amend the Denton Amendment. That will facilitate the flow of surplus hospital equipment from the US to Micronesia.

(Patricia Tindall, CEO, LBJ Medical Center, American Samoa) I also think something we need to look at is maybe ways it could be facilitated that we know what equipment is out there and how to find it and how to get our hands on it. Along with that the volunteer organizations, I know they can help us. There aren't any in American Samoa, so how do we get them to come to us. I don't know if we can look for those resources or have the Department of the Interior look for corporate partnerships, intergovernmental partnerships, university partnerships, these are all things we are trying to do. There is lots of red tape, it is very confusing, and my lovely Samoan grant writer who is not familiar with all those issues could maybe use some help from someone in Washington who knows how to get through the red tape, or knows where a connection can be made from a volunteer organization, or a connection with a hospital.

(Michael Epp) So what precisely would be your recommendation?

(Patricia Tindall, Am. Samoa) That we somehow add in there the facilitation of those connections.

(Michael Epp) We would ask DOI to help facilitate those connections?

(Patricia Tindall, Am. Samoa) Or some other organization that's stateside.

(Jacque Spence, President, Canvasback Missions Inc.) Also need someone on the ground available and knowledgeable, who is going to inspect equipment and see. I have seen so much junk being sent out – equipment that doesn't work or isn't easily repairable.

(Michael Epp) Asking for support to build an infrastructure to access and transport equipment.

(Jaime Spence, Co-founder, Canvasback Missions Inc.) NGOs can get a lot of good equipment donated, good stuff. But to just ship it out there because you think they may need it is not going to work. There should be some guidelines for providing equipment. First communicate with someone out there to determine if the equipment is needed and is the technology available to operate the machine (infrastructure, expertise, maintenance). Canvasback always sends an expert out with the equipment to set it up, provide training, and provide maintenance if needed.

(Michael Epp) Lots of consideration in the way of guidelines, some transportation, we can word that in some kind of recommendation. There's been a lot of discussion off-line

that I have been a part of and I hope we can capture some of that creative discussion that has been going on in the background. So can we hear from some of the Insular Area health officials or their staff.

(Joe Villagomez, Secretary of Health, CNMI) There were a lot of things discussed, again putting aside the IG report and focus on the substance of this day and a half, we have focused a lot on the curative side of things. In order to see changes in the health indicators, we need to put an equal amount of emphasis on the preventive side of things. We all know that politically the preventive side of things is not appealing because returns are down the road, 5-10-15 years down the road. But again, and we are starting to do this in the CNMI, if we don't get going I will have to build a bigger hemodialysis facility again in 5-10 years and that's not really addressing the health care needs. Both Director Fukino of the State of Hawaii and I spoke with Secretary Kempthorne and we need to work closely with CDC on the preventive side of things. Another thing we will send to Secretary Kempthorne, it is great to have the other Federal folks to sign the document, but we need more Federal departments - need education, need financial folks, need USDA.

Also even just within one department, I'll pick HHS because we're the number one recipient of a lot of their grants, all the different agencies speak a different language. Now we have not moved forward on a lot of things because each grant requires us to implement a certain data collection system that is different from the second grant that we are going to get. And sometimes they're competing, or they don't work. And then we have about 6 or 7 data systems to gather data, and when they cannot speak to each other they blame us for not moving forward with data information systems. So there has to be better coordination on the Federal side on what kind of language (software) we need to speak (computer databases).

You know, Micronesians, most of the time will not want to stand up to any of these grantor agencies, because, you know, they are giving us money. A lot of the information in the different systems is the same. Its just the grant says what kind of data system we have to get. While we do have our own issues that we need to put together to become unison within our own jurisdiction, I think the same kind of recommendation should go to the Federal agencies.

(Marina Tinitali, OIA-Washington DC) The grantor agency is identifying what system must be purchased?

(Joe Villagomez, CNMI) Yes, the data system is identified in the grant that will pay for it. And different grants identify different systems. For example: immunization data, diabetes data system, bio-terrorism system...systems don't talk with one-another, grants only pay for the specific identified system. Sometimes several data requirements are coming from different offices within one Federal department, and each office identifies a required data system to be purchased. The systems are different and don't "talk" to one-another.

(Michael Epp, PIHOA) (suggested wording of the recommendations)

(Stevenson Kuartei, Director of Public Health, Palau) I think we shouldn't piece-meal it. If there is going to be a recommendation, there has to be a minimum health information system requirement that should be applied to every jurisdiction. There are some that are probably so far advanced that we can not even get to their level, but here we are so many years in our funding and we still do not have good health information systems. So there has to be some minimum standard that everybody needs to come to the table and say this is the minimum that each of us must have so that when we talk about data it is uniform data, that the Federal partners know exactly what the system can spill out so when they ask for data it is the data that comes out of that system. So the recommendation is that we need to actually set a minimum standard of health information within all of the jurisdictions.

(Michael Epp) (suggested wording of the recommendations)

(Stevenson Kuartei, Palau) Identify a minimum data set.

(Michael Epp) But if we word this as the need to identify a minimum data set, this would be a recommendation to DOI. We are not asking them to do that.

(Stevenson Kuartei, Palau) If you went to any of the jurisdictions, with a simple maneuver, can you provide the vital statistics? I say not. You have to go through manuals and manuals to try and figure it out, why is that? This is the modern age. So, can you define that? And then try to find a way to purchase it, and implement it, train people and have it running?

(Lynette Araki, DHHS-HRSA) I think this is not only a recommendation to the Feds. This should also reflect what the jurisdictions want to do for themselves. I heard that from Secretary Kempthorne as well. It is a two-way thing, not just what the Feds can do. This should be recommendations to both the Feds and local.

(Michael Epp) Then I think we need to agree on what these recommendations are. Are these recommendations to the jurisdictions on what they are going to do?

(Lynette Araki, DHHS-HRSA) It should be both. Not just one or the other.

(Michael Epp) Ok.

(Marina Tinitali, OIA-DC) I recommend that in the presentation of your recommendation, it would be helpful if you identify the issue or problem you wish to resolve and then offer recommended actions. That way, if the Feds can see what the problem is, and none of the recommendations you make can be assisted by the Feds, then the Feds may be able to offer other possible solutions within Federal authority.

(Bill Gallo, DHHS-CDC) (clarifying) The jurisdictions are getting grant requirements from different parts of the same agencies, huge amounts of same info, but grants required purchasing different systems so data can't be automatically downloaded between systems easily.

(Vivian Ebbesen-Fludd, Commissioner of Health, USVI) I think one of the areas from the Virgin Islands, although we may seem to be further ahead we are probably on the same page that you are. And because a lot of what we have been able to implement, we've taken those things out of other local resources. So when we talk about the support for technology enhancements and data collections, we are all on the same page. As we were looking in regards to our own health electronic records, what you saw Mr. Sylvester present on is what is at the hospitals, that has come out of the operating budget of the hospital and not supported in an way federally. And so we had to decide what the priorities were.

We have the same limitations in regards to data. Many of our data systems are still manual. Our vital statistic system is still a manual system. And in order to meet the mandates and qualify for additional dollars that may be available, we lack the data. Or realistic data because I can't tell you that the data we do produce is reliable enough to mandate our needs. So we're in agreement with the standardization of data collection. I don't know if we will ever be able to have the same system, but I do agree with Stevenson that we need a minimal data set that we all are collecting that can ultimately be compared across all of us.

And then I think the issue that we all brought up today, we can't leave here without it being a recommendation, the Medicaid Cap, it is impacting many of us. And then the suggestion that was there about Puerto Rico, I don't think that is something we need to solve, but it has to be looked at. It impacts all of us. What is happening in Medicaid is a really a stranglehold. For example, our 50/50 reimbursable. In Mississippi it is 80/20. We could make those Medicare dollars go a lot further; we could do more for prevention; we could help more people. But if it's not being looked at because of Puerto Rico, then we have to address the Puerto Rico issue, that's just a reality.

And for us, from the Virgin Islands, just this opportunity is just welcoming to us. As I was speaking to a number of individuals, we kind of don't really fit any where. Let me explain that comment. You have the Pacific Islander Health Officers Association (PIHOA), and Puerto Rico stands out, and the Virgin Islands are sort of in the middle and at times were just left out. Because when we connect to the mainland U.S., we're very different, so we're left out of those grant opportunities. When we go to the Pacific islands we're not included, and we don't come in with Puerto Rico. So really we're a little bit further behind because we're just kind of out there floating out in the sea, and we're happy to be floating with you. And this opportunity has allowed us from the Virgin Islands to really connect and continue our conversation because we're not different at all. Our issues are the same.

We do carry U.S. territory, but there are many limitations. And there are some integration with some of your partnerships and associations. The issue like the Institute Of Medicine study, it was done on the Pacific islanders. What we're saying, and I spoke with the Dr. Dever and the Delegate that needs to include the VI. We weren't in there, we've never been looked at. So that information for the Virgin Islands doesn't exist. So this is an opportunity to partner. I couldn't leave here without expressing that. It is very important.

The technology enhancement and data collection, because we are being asked to report the standardization of data to whatever point we can standardize, we need a standard data set.

And I agree with Secretary Villagomez. When we were sitting next to each other, we all realized we were all talking about building the workforce. The Department of Education, who has the children on a long-term basis to address the preventative issues, also has the responsibility to build a foundation to develop that workforce. DOE is a significant partner, and I did share that with Secretary Kempthorne that they needed to be at the table as well.

(Michael Epp) (discussions to formulate the recommendation – Medicaid issues)

(Dr. Richard (Dick) Brostrom, Medical Director, CNMI) The issue of Medicaid is important. It's important because no one is asking for a handout. We are just asking for equal pay for equal work. We would like to have the same treatment as the states. With 50/50 funded and capped, we get a little over \$300 per person per year, less than a ½ than what's calculated for most persons in the U.S. states are receiving. This really hurts because of the high cost of health care. We are not asking for a grant. We just want to be treated fairly. Also, in the end, the issues of funding are central here. If the Feds are feeling like some volunteerism and second hand equipment is going to solve the problems of health care infrastructure in the Pacific, I think in three years we'll be looking at an OIG report that is worse than the one we have in front of us. It is going to take some real money to put into the infrastructure to make a difference.

(Vidalino Raatior, Santa Clara University, CA) Did we agree on whether the recommendations are for only DOI or also for the jurisdictions?

(Michael Epp) I think that is the open question. I do want to make a recommendation. I would suggest that we focus on DOI and the relationship with DOI. Because there are other venues for doing the planning and recommendations internally (there's PIHOA, the APNLC) and when this report come out it will feed into the other strategic planning processes. Right now, if we start doing recommendations for the jurisdictions, what is the authority? What are we talking about?

(Vidalino Raatior, Santa Clara University, CA) I'm not sure if we are necessarily addressing the authority question. But to have it shown in the report because everyone will be reading it. I'm from Chuuk originally, but I'm not representing Chuuk. I'm

looking around and I don't see anyone from Chuuk. Chuuk is not represented here (OIA note – at the time of this statement, Julio Marar was not yet in the room) and that's part of why it is important for recommendations to not just be for DOI but to also be for the insular health officers.

(Bill Gallo, CDC) I think recommendations should be addressed to conveners of the meeting. Probably a lot of valuable ideas that will come out of this will be sorted out later.

Before we get too far away from the data thing, because I've heard some good suggestions and think they would be recommendations back to our Federal health colleagues. I think a valuable and important ally in this discussion is our colleagues at ASTHO (Association of State and Territorial Health Officials). This is a big group that has quite a bit of clout with the Federal health agencies, while many of the ASTHA membership represent big or medium sized states that are just as sidelined as the agencies they are dealing with and they don't care or mind running 10 different data systems, there are a number of members from smaller states that have similar concerns. Although what we are dealing with in the islands, I know is unique, you'd be surprised to find that your friends in Alaska and Wyoming and South Dakota and in other states are pulling their hair out as well and are really frustrated. And I think if you guys teamed up you could potentially be a bigger voice and I think will have some impact back in Atlanta. And if the recommendation was something Steve, like, every single data set that Atlanta requires us to do should be able to communicate with each other; should have these basic fields in it; should be on this platform; I think that would be a huge step forward.

(Stevenson Kuartei, Palau) There are a couple of issues. One of them is the minimum data set that Bill has brought up. I think we need to make sure that Federal agencies are talking to each other that are the gist of saying minimum data sets. The Department of the Interior actually gave us a very old health information system when I first went to Palau, and we've been struggling to upgrade that. Just these past three years we were able to get a grant to change the hardware, to change the software so that we can then move into a new health information system. But I'm even talking about the infrastructure. If we are going to require the jurisdictions to come with some minimum data set, then some infrastructure needs to be invested. So I'm talking about two things.

1) Minimum investment in what would be the requirement to spill out the minimum data set, so it's a minimum data set which is the information itself, and

2) At the very minimum, the minimum infrastructure to spill out that data set.

(Michael Epp) Any other discussion on the data issue?

(Lynette Araki, DHHS-HRSA) I wanted to go back to earlier Greg had suggested looking at this Joint Resolution that was passed out. My understanding is that this Joint Resolution was both on the Pacific side as well as on the Federal side. The Joint

Resolution that was passed out appears to be a Joint Resolution signed by both Pacific leadership and Federal leadership that were at the table. Is that correct, Marina?

(Marina Titali, OIA-DC) Nobody from the Insular Areas signed the Joint Resolution.

(Lynette Araki, DHHS-HRSA) But you agree? Is there a consensus?

(Marina Titali, OIA-DC) It is a Federal document.

(Lynette Araki, DHHS-HRSA) That goes to the same point we were talking about the data system, minimum data set. It talks about resolving to increase efforts to reach out to other partners who can advance the improvement of health care in our islands. I mean there are all these different things, it talks about what the jurisdictions as well as what the Feds can do together.

(Michael Epp) And I think we can generate ideas on that. I'm just concerned that recommendations come out and become part of the document and then the more formal planning and decision making processes, how do they get integrated in for example when PIHOA or the other groups do strategic planning? I mean some of these things that have come out from just this group here, like the data issues, require a certain amount of thought and discussion among the leadership and that's not going to happen right now. So I get worried about making recommendations for island health officials that are not appropriately processed.

(Patricia Tindall, American Samoa) I guess we are looking for kind of 5 resolutions or suggestions and I want to go back to what Joe brought up, about preventive care. We have talked about health care and we are making a lot of suggestions about medicine – medicine is not health care. Need to look at health care in a broader context and include that preventive care, and maybe, I don't know how to word whatever this recommendation is, but to somehow include preventive care, primary health care and education. Because one thing at least in Telehealth I think is really important, you have to have the DOE and you have to educate your consumers. Our consumers are grade school kids – they are not educated when it comes to health. It is something that is taken for granted, nobody thinks of until something goes wrong and you need medicine. I want to include in the resolutions something that goes back to primary health care, preventive health care, maintenance, before the medicine, have that included in an objective that DOI can help focus on, rather than just the medicine.

(Michael Epp) Let me summarize the recommendations developed from the discussions so far:

- 1) Joe: Setting up systems for appropriately accessing, identifying, and sorting through supplies and donated things from other entities, the travel aspects and the protocols.
- 2) Joe: Equal emphasis on preventive care/ primary care, and we'll need to come up with some wording for that that is appropriate. One of the reasons why we're sending

around the sign-in sheet is because we're not going to figure out all of the wording right now. So this is going out to this group and within a week or two we'll need to have something over to them so that they can include it in their document. But there's going to be a little bit of massaging that's going to need to happen.

3) Joe: Bringing together the various sectors of the Federal government and programs in the Federal government to bear on the larger issue of health systems development, the Education component, the Agriculture component, etc.

4) Stevenson: Developing minimal standards both on data sets and information system infrastructure and the investment into that infrastructure.

5) Reviewing the Medicaid cap.

6) Including all Insular Areas, including the Virgin Islands, in assessments and processes – such as IOM report.

(Dr. Dever, Palau) What happened to the Denton Amendment?

(Michael Epp) That's included in the very first one.

(Marina Tinitali, OIA-DC) For Medicaid, don't forget. It is not just the cap on Medicaid, you may also want to have a recommendation on the cost share differences. The GAO completed a review on health disparities in the U.S. Territories. You should read the report to help with recommendations, especially related to cost/share provisions. The report also identifies other programs that have differences in how they are administered in the states.

(Peter Roberto, Acting Director, Public Health and Social Services, Guam) I think that, together with, what did you say, is that the IG report on the cap issue? The GAO report on health disparities. Good to know about the GAO report. Earlier this year, 2008, several of us were at the Nevada meeting addressing health disparities in the Pacific. The Office of Minority Health is going to include this disparity in its National Plan, so this again is added on to that. It truly is a disparity. I'm glad that you brought this up because I want to follow up on when we start looking at disparities. This is one real disparity that we need to continue to look at and not give up because it is like fighting for our own, whatever you want to call it, our own civil rights or whatever it may be.

Additionally, what I want to add on in addition to the data structure need for the region is the issue of revisiting technical assistance. We often have opportunities of technical assistance provided to the territories and other jurisdictions and we need to rethink how that is going to be designed and processed through with DOI.

Lastly, since we are on record, coming from Guam, and I join others who have brought this to the podium and brought this to the microphones, I'd like to request that the

Department of the Interior consider rescinding the (OIG) report that it put forward. The report needs to be rescinded or come up with a more accurate report. I think it is a critical document for information. Apparently the report made it back to Guam, and we are working very quickly with the hospital administrator to address the media concerns. Its issues like this that when we start to really paint the picture, I think here is the opportunity that we can come as insular area officials, or as PIHOA, whichever, going and highlighting the need for these credible bodies to really come and put the voice into these documents and trying to ensure it really is reflecting the needs and outcomes and strategic directions that were headed to. I do want to also say the effort is noble but it needs to be retracted and resubmitted.

The other thing from Guam, the issue of Visa waiver and other international agreements in terms of accessing critical health care professionals. There's a lot of talent out there. But when the Secretary asks the very simple question of why can't we get syringes, why can't we get mops, why can't we get these very important basic and medical supplies? Not only dragging out the issues of the procurement bureaucracies, but sometimes international agreements at a larger scale can really prevent us from honing in on to the regional resources that we have within our various jurisdictions. I'd like to give one very credible example that it (sharing resources within the region) works: the substance abuse collaborating counsel have established among the six pacific jurisdictions a regional international agreement, ICRC, a person from Chuuk who is certified in the ICRC can actually come to Guam and perform substance abuse treatment. These are the kinds of things where we can agree to the standards and credibility and other requirements, that we can really hone in and maximize the very resources that are out there in the Pacific islands and Insular Areas.

(Michael Epp) There's quite a bit to untangle there. I was reading at least three things so I just want to confirm with you. 1) OIG report – Marina will comment about Pete's comment about rescinding it. I want to emphasize that I think that report potentially can do much more damage than good, in the way that it was done, in terms of the relationship with patients, and the moral among the staff, the report could set the health systems back more than help them in the long run. And recruitment is a real big issue. How are you going to get physicians if you have that type of thing in the Press? And I don't think that the Ministers and the Secretaries have any problem with critical reports. They are very good at self-criticism. But I think it's the framing and the timing and the way that it is done. So potentially there are two recommendations. 1) is his comment about rescinding it, and focusing specifically on the OIG report and Marina will deal with that, and 2) the other is working with the Federal government to develop protocols about audits and reports and appropriate ways of going about this particularly when it comes to having the jurisdictions have some review and some buy in and some feedback. Feedback doesn't always mean that the report gets changed, but it is important for the jurisdictions to have and opportunity to comment.

(Dr. Greg Dever, Palau) I'd like to weigh in on this. The freely associated states are independent nations. At the minimum, that report should have been released to the Chief Executives of the countries without them being blind-sided by the Press, which they soon

will be back in their jurisdictions. There's going to be a lot of collateral damage here on these reports. I don't look forward to going back to Palau, to reading about it in our local newspapers, for all the reasons I discussed on Sunday. I support what you say. It is not the information so much that was the problem. It was the tone and the mean-spirited of the report itself. From everything that I heard from this meeting, and the inclusiveness of the Secretary of the Interior, that report was at total odds with the whole spirit of this meeting.

(Michael Epp) (summarized recommendations based upon discussions)

- 1) Address the OIG report.
- 2) How reports are done in the future.
- 3) Technical assistance – please clarify what the recommendation is there.

(Peter Roberto, Guam) Basically the TAs are often driven or supported through ensuring that our goals and objectives are met. I am suggesting that given all that has been discussed in the summit, as we look at Technical Assistance to meet some of these goals and objectives, that one possible means of ensuring so is to get some input of how to assure that the TAs are more county-driven or more driven by the Insular Areas so that it meets the needs that each of us has respectively, and to ensure that however way we work it that it helps support whatever direction is going to come out of this summit.

(Michael Epp) And then there was one other one regarding licensures and sharing human resources.

(Peter Roberto, Guam) Basically international agreements need to be revisited and cost/sharing, cost allocating the health workforce. I gave that one example, which the Governor did share, where doctors from the Philippines, because of the international treaties or other agreements between two sovereign nations, foreigners cannot just come over and practice because of our own standards and regulations. Yet we can send our own patients over to those countries to be treated. And the gap is when they come back to Guam there is not that continuity of care, i.e., case management. So these are some of the things that I am sure that we all share as we often have to send patients off-island for specialty health care.

(Jamie Spence, Canvasback Missions Inc.) I'd like to see if this seems of value as it is one of our special interests at Canvasback. Diabetes seems to be the greatest health problem in Micronesia and growing. And we haven't at this summit been able to focus much on it; there are so many issues to focus on. Would it be of value for DOI to sponsor a summit for diabetes? Or is this already being done adequately and is it being addressed holistically - health, education, wellness, social and economic issues, not just medicine?

(Lynette Araki, DHHS-HRSA) Yes. We just had one (Diabetes Summit). It was convened the first week in September with all of the six Pacific jurisdictions. They sent cross-cutting teams representing health providers as well as community and NGO folks.

They worked on plans to address it. So I think in the jurisdictions they see this and are trying to move away from the medical model. They recognize this. But they also can not ignore the ones that still need the treatment. They are looking at it as holistically as they can. And many of them brought education representatives.

(Jaime Spence, Canvasback Missions Inc.) The other issue is also our special interest at Canvasback and that is sending teams of volunteers that leverage your dollars to the tune of 2500%. I couldn't believe that when Jacque made that statement and I went to my calculator, and yes, it is 2500%. A lot of jurisdictions would like to have more specialty teams to come, but the cost of bringing the teams, some \$20 to \$30,000, is very difficult for them. So I was wondering if DOI might be able to identify some sources of funds that the jurisdictions could use for that purpose.

(Sela Panapasa, Institute for Social Research, University of Michigan) Michael, I'd like to make two comments.

(Michael Epp) Oh, Sela, hold on just a second. Marina do you want to respond to the IG report?

(Marina Tinitali, OIA-DC) I figured, ok they stopped talking about it, we can just go on. I know it's a sore subject. I just wanted to say that the report was completed by the Office of Inspector General. They are not under the authority of the Secretary. They are an independent office that operates under the Inspector General Act and their reports go to the Secretary and Congress. Prior to the release of the report, each government leader was provided a copy, because we didn't want to blindside anybody, the Secretary was adamant that the leaders would receive this report ahead first.

(Peter Roberto and Joe Villagomez saying Guam and CNMI did not receive).

Oh no, Fitial received the report while Nik was on island and I know this because I sent them out. And Tanya Joshua independently spoke with FAS staff for the leaders on travel in New York to make sure that they received the report. We did send it out and the cover letter from the Secretary said that he wanted them to receive an advance copy. The report was not centered on during the summit because, I don't want to say on record that we did not give it the importance that a personal, I know it hits you personally because this is your facility. But it isn't something that we were centering on as, "Oh, look at this terrible thing."

But the Secretary did say in the letters to the leaders and/or in other places that some of this mirrored what he saw when he visited facilities in June 2007. And the IG had photographs of the situations that they saw. That's not to say that they interpreted correctly what they saw. And if your issue is how that report was written, I suggest that your leaders write letters to Mr. Earl Devaney, the Inspector General for the Department of the Interior.

And this was not an audit; it was what they call an evaluation which follows a whole different set of criteria. Audits are very specific on what you must see, what percentages you must see before you draw a conclusion. Evaluations and inspections are different. And I have asked the Assistant Inspector General for Evaluations and Inspections, she was here at the summit, I asked her for the criteria that were used for the report. I haven't received it. And I am going to research what the formal channels are to find out what criteria they were following to develop this report and their conclusions. I asked to see the working papers also. I asked for the questionnaires that they put out, and I did get a copy of the questionnaire from Patricia Tindall's shop, from LBJ. Some of the other places told me that they didn't even know there was a questionnaire.

We want to address what the real issues are and be able to help. And so, I just want you to know that. In your recommendation, again the Secretary has no authority over the Inspector General. They can discuss things. But he (the Secretary) can not require that anything be rescinded.

(Michael Epp) We would like to hear from each jurisdiction.

(James Taylor, Legal Counsel to Vice President Chin, Palau) (to Marina) You said you sent it out to the leaders, was this while they were in New York? What was the timing on this?

(Marina Tinali, OIA-DC) I'll have to check with Tanya Joshua, she's our desk officer for the FSM and Palau. I sent it out through the official channels, to our U.S. Embassies out in the individual freely associated states, and Tanya took care of sending it out to stateside FAS staff to make sure that the leaders received the report while they were on travel.

(In response to questions about why health officials were not allowed to comment on the results of the report). The report was not issued in draft. Even we were not allowed any time period to comment. The Inspector General's Office put it out in final.

(Stevenson Kuartei, Palau) So the sending was one week before, and it was already in the final form. That's not what we're asking. We're asking that before its even finalized, we should have an opportunity to look at it and see if we can, if it is true. First of all some of it is not true, and second some of it has circumstances that are not the fault of our own. So I think the comment would be, and I don't mean to say it is the Department of the Interior, I'm saying something should be said to the appropriate people, there's got to be some protocols.

(Michael Epp) So I want to give Palau and RMI and FSM an opportunity over the next few minutes to continue to comment. And not just about the OIG report, but any other recommendations that you would make with respect to the summit.

(Dr. Greg Dever, Palau) Thank you. The Minister of Palau empowered me and Steve to provide the following recommendations:

- 1) Needs to be assistance with regards to the issue for health care financing. That might be wrapped up with discussions of the Medicaid Cap. Palau is not eligible for Medicaid, but we support our brothers and sisters in relation to their Medicaid issues. Palau is working on developing its own health care financing.
- 2) Access to services by eligible military (active, veterans, retirees and dependents) personnel. This was discussed at the meeting in length and Palau would like to continue this.
- 3) HRH Report submitted by PIHOA– support the process of public health training in the context of the community colleges (Micronesia and other institutions).
- 4) Quality assurance – there was a lot of discussion about that, how we can bring quality assurance to the table for all of the jurisdictions and you addressed that as a PIHOA initiative. I am sure this is not limited to just PIHOA and our friends from the US Virgin Islands can weigh in on that.

Other information and recommendation:

Also, since I have the microphone, PIHOA met and had general recommendations dealing with human resources for health back in 2003, page 3 of the report, and I would recommend that there be some kind of general statement asking for support for PIHOA's Human Resources for Health Initiative. Then it talks about the exact recommendations, page 11, with regards to while we are waiting for kindergarten through 12 kids to develop through the curriculum programs. Also need to address the issues K through 12, it has been brought up here. There are specific ways that all of this can be financed, through Technical Assistance grants, working with DHHS and working with our international partners and so forth, and those recommendations are on pgs 13 through 15.

I would just present that forward; the work of the Human Resources for Health Committee. It didn't include the U.S. Virgin Islands, but it does address some of the key issues of the freely associated states and I apologize after the fact to the CNMI, Guam and American Samoa.

(Michael Epp) And I think it is OK for recommendations to represent sub-clusters of the group as long as we agree to it.

(Justina Langidrik, Secretary of Health, Marshall Islands) I agree with all of the recommendations related to the HRH. And I would also like bulk-purchasing of medical supplies to be included in the recommendations. Also, another point that Dr. Palafox brought up, is a focus on the sense of ownership. We should identify our needs rather than others determining our needs. It has to be something brought forward by our jurisdictions, a focus on our needs. And I agree with other issues already discussed, especially on preventive/primary health care, human resources for health and other issues about our sense of ownership. Issues should be clearly stated as part of any statement.

(Michael Epp) Bulk purchases issue – in the context of PIHOA, at meetings we have discussed bulk purchasing and it is a bit problematic about how to proceed with that. And I know it has come up periodically and it will probably come up again in discussing regional issues. And I wonder how we would integrate it here or if it still needs to be massaged more from the jurisdictions prospective before it is brought to the Feds. And the other issue, the ownership issue - how would we articulate that within a recommendation?

(Justina Langidrik, RMI) Maybe it should be part of the statement instead of making it a general statement because it is an issue that needs to be addressed.

(Michael Epp) As a preamble to this, and possibly if we can make a recommendation out of it we can.

(Irene Paul, Assistant Secretary of Health, Marshall Islands - Ebeye) Sorry, I couldn't really hear what the Secretary (Langidrik) was saying, but I think she brought up something about human resources. And that is one of the areas that are a priority for us at our Bureau. For example, the doctors, we have 14 doctors and only 2 are Marshallese and there are no other young people going to Medical school right now. And nurses, most of my nurses are also non-Marshallese. And one of these days we are going to wake up and find out we can not afford that anymore. So we must train our own people. So this is one area that I consider as a priority.

We have actually come up with a training program. We take high school graduates and actually train them for 10 months so they will be able to go on and continue outside training as a nurse or doctor. One of the things we have found is that they are weak in math and sciences, so our program concentrates on that. And I am sure they are other jurisdictions that have the same problem but not as bad as us because of our educational system. This training project is a priority. We want to train more local people. We currently have approximately 15 students in the training program and we need support for the program. We need support so that we can develop more local people so when the time comes that we can not afford to bring outsiders in, we will have our trained local people ready to take over.

(Michael Epp) Great comments, Irene. The comments are consistent with the HRH paper and PIHOA. Is it ok to integrate RMI's project with the HRH?

(Irene Paul, RMI - Ebeye) Yes.

(Elizabeth Keller, Director of Health Services, Pohnpei State, FSM) Thank you for bringing me here on behalf of Pohnpei State, FSM. I think this meeting is a historical meeting. It means a lot to me. We have talked about problems for the past two days and we have resources around this table. We need to put our heads together and help each other out. There was a Telehealth conference that was held several years back. After the meeting I thought, "How would I bring it to Pohnpei?" Through collaboration with UH

and University of Guam, they helped me to bring Telehealth to Pohnpei. And through this meeting, I met Jacque Spence, who has assisted us before, and also Carlotta. Regarding human resources, Dr. Dever is an expert in training doctors; I am one of his trainees. We share similar problems as the others like human resources, quality assurance, all of that. And I think we have good resources around this table that we need to utilize. Thank you all very much.

We have the same shortages of equipment, supplies and medical experts, and the lack of training. We recruited specialists like ENT and optometrists, but they were not equipped with the instruments that they need. And our ENT and orthopedic surgeon left because they got bored because they don't have the equipments to work with. So these are the problems that we are facing. We know our problems, but it's just that we have to have someone to work with, share knowledge, so that we can take care of our own problems. That's what I think. We have the resources amongst ourselves.

(Michael Epp) Okay, thank you Elizabeth. Carolyn, do you want to add anything?

(Carolyn Shrew, Administrator, Health Services, Kosrae State, FSM) Yes, thank you very much. And I want to apologize for Kosrae for not joining you for a long time. I came representing the Director of Health Services, Kosrae State, Donald Post. He is a retiree, Master Chief. He is busy doing his work there because we have many problems in Kosrae, and some of the problems are already addressed here.

One of the problems, you know, that is our challenge is the salary of our nurses and janitors and lab technicians. Nurses that work almost 30 years as supervisors are still being paid bi-weekly, \$329.00. So that's how they're being paid. And now the lab technicians; we really need them; they are being paid bi-weekly, \$104. They didn't want to come and work on our goals because they will spend one gallon of gasoline and in Kosrae, it costs you \$6.75 a gallon of gas. A sack of rice is \$34, and a case of chicken is \$24. So the salary there is a real problem.

And I'm wondering now why we didn't have a report in this nice book here (referencing the OIG report). And when I look at it, I think, "Oh, these states that got the report they are going to get lots of funds. So Kosrae will not get any funding because there is no report on Kosrae." I wonder why?

So this is what I want to share with you and, just like Elizabeth here, I want us to please work together. Kosrae is at the least advantage. For the supplies, right now we have only some supplies and equipment; they are still a problem. It is the shortage of personnel and the salaries that is the greatest problem. Thank you very much.

(Michael Epp) Thank you Elizabeth and Carolyn, your comments are very good background information for kind of an HRH recommendation talking about recruitment and the issues of salaries. Is okay if we just integrate that into that overall recommendation? (reply from the participants was, "yes"). Okay.

(Marina Tinitali, OIA-DC) What happened was the IG visited certain places and facilities. If they didn't visit them, then they didn't write about them. So if you're not mentioned specifically in the report, it is most likely that they did not come to your island to visit that facility.

(Michael Epp) Given the content, Carolyn, I think I would consider that a blessing. *[laughter]* Congratulations, you weren't included. Julio, do you want to comment? Is there any recommendations or issues that you want to integrate into this from the perspective of Chuuk?

(Julio Marar, Director of Health, Chuuk State, FSM) Thanks Michael, actually I think I'd like to allow my colleagues to comment, since I've had a chance myself to say something earlier.

I believe the same issues that were discussed earlier from others, I share with them all. Like the human resources problem; I agree with my colleague there from Pohnpei, sharing of your human resources among ourselves is an issue. There's an issue that I'm just facing at the moment now. I had two doctors that were invited to a presentation somewhere in Germany, some kind of meeting for surgeons, and they were invited to go there. For over two months, we've been looking for locals to come and replace them. Locally, we couldn't find any. We were going to Pohnpei, I know Yap and Kosrae are experiencing the same situation; they don't have the kind of expertise that we were looking for. We ended up inviting somebody from Papua New Guinea. I don't know why we went that far. We should have gone to Palau, or perhaps the Marshalls or CNMI. And it was my fault because I should have contacted you, Michael, to look out for anybody in the PIHOA jurisdiction that you can help us with.

These two surgeons were supposed to be gone for about two weeks. So, on Sunday, the guy that was supposed to come and take over for, in their absence, didn't show up. Because, I don't know, it was probably the arrangements for the tickets or what have you. I just received an email here that one of my doctors is staying back because the temporary replacement couldn't make it. The other doctor, he went all the way to Manila to try to obtain the visa, ended up turned down because he needs about more than a week to work for the visa. So we lost out on that opportunity.

I'm bringing up this example because we could have gotten to look around in the region for somebody to replace them. I should have come to PIHOA and asked for your assistance. Perhaps we could get a good arrangement through the system or through the organization. And I want to share this during this time that we are facing some issues or situations with this MDR, TB in Chuuk. I would like to acknowledge and thank CNMI for their response in coming, sending human resources assistance, and I know my friend here is ready to assist and we need assistance. If PIHOA, or anyone else in this forum, can come to Chuuk to help out in this situation that we are facing, we need human resources.

Again, everything that was shared earlier, we share the same needs in Chuuk. Thank you.

(Michael Epp) I know. Ryan?

(Ryan Edgar, DOI-OIA, DC) I have two points I would like to raise. Because I was only just hired two days ago, these are more personal and do not necessarily reflect the Office of Insular Affairs. I was hoping that at some point, these two issues would be brought about. They are maybe not necessarily recommendations, but I think they would be important. The first one touches on training. We were talking a lot about training, and I was thinking of different ways we can especially entice the younger generations since they will be the next group coming up to serve as doctors. Forgive my ignorance if such issues have already been resolved. But I'm thinking about college partnerships with UH and other universities where bridge programs would bring students out to the jurisdictions to provide services and, at the same time, receive on-the-job training. That's one such example. The second issue is fund raising. We've talked a lot about the issue of limited funds and resources, so how about empowering the local hospitals and community centers, giving them training so that they will have the skills to do their own fund raising to help their initiatives. Or look at private organizations or foundations that can help. So training or something along those lines to empower them in that way so they can look at other resources besides the Federal government for grants. Thank you.

(Michael Epp) Thanks Ryan. James Gilmar, Director of Health and Yap State, did you have any comments that you wanted to offer?

(James Gilmar, Director of Health, Yap State, FSM) Thank you. I think that all the things that have been said are very true in many of our jurisdictions, especially in the FSM. I know the lady from Kosrae is worried about not getting any money. I didn't see any picture of me up there so I guess I'm worried too that I may not be getting any money [*laughter*]. But we're all the same in the FSM. The idea of human resource development is a very real one, and while we were talking about it I kept wondering about where in the end we will find so much money to send our people to training. Also, I know that at least in the FSM there should be some more money somewhere for scholarships. And yet it's very difficult because the need is everywhere. And education has a role in there, but they don't have that money because their money is in research and development. So, it's a little bit tricky.

What I've done in the last few months is to talk to our staff to try to identify the immediate need in each of the different sections and areas including with the doctors, the nurses, all the way to the maintenance. Because we even have people from outside to do the maintenance work for our hospital, for some reason. So, if we come up with the need, I think while we are talking about the bigger picture of human resources development. That will cost a lot of money, and maybe we should be looking for a bigger part of money from somewhere. I've decided to sort of start small in Yap and try to work with the scholarship people and the educators with Department of Education to see if we could start locally with the small amount of money that we have for

scholarships. I think we should convince our leaders in the different jurisdictions to look at that because there's an immediate need; and maybe a need in the near future and the distant future. But in Yap, that's how I look at it. Thank you.

(Michael Epp) Okay, thank you James. I think the HRH section is going to be quite large because we've salary issues in Kosrae, recruitment issues in Pohnpei, the scholarship issues within Yap state. Okay, I just want to summarize in the next 15 minutes. The Virgin Islands, we welcome you into this dialogue, and we look forward to your future participation. We kind of want to give you, in terms of the discussion, sort of the last word, if you want to share any comments on this. And then what I would like to do is go over the recommendations fairly quickly, and then have a discussion on those recommendations...we only have about 15 minutes. So I'd like to turn it over to the Virgin Islands.

(Luis Sylvester, Health Policy Advisor to the Governor, US Virgin Islands) I just wanted to make two comments. It seems to me that the DOI has limited funding to help a lot of the issues that are being raised today. I think it would be beneficial if Interior could possibly approach some of the other Federal agencies, for example the Department of Education, to meet some of the education needs, and the Department of Health and Human Services. So maybe in that role, seeing what is available and can be used with the territory that can be a benefit. Also, I know in the territories with the US Department of Education funding we receive, the territories are allowed to consolidate our grants. We can take money from different program and do it under a consolidated grant. I was wondering if a concept like that could possibly be developed where instead of having to meet all the requirements of each particular grant given from a different agencies, that these smaller territories would be able to consolidate the grants and have more of an impact in terms of their health care needs. So that's just two comments that I would like to raise.

(Michael Epp) Thank you. That goes back to an earlier, I'm not sure that you were here, recommendation that DOI help relationships with other Federal agencies. We'll integrate that as a background into that recommendation. O.K., Julio's going to make the last comment and then I'm going to go over the recommendations real quick.

(Julio Marar, Chuuk State, FSM) Maybe it's not the right forum to talk here, but on a very smaller scale, if we can make it an extension of the next PIHOA meeting, I overheard somebody who was talking awhile ago. Going back to what the President, his Excellency, of the Marshall Islands was talking about, I think a lot of the areas in our jurisdiction share the very same problem. We're addressing nursing, we know there will be a nursing school coming up in some of the areas. What about – I'm looking back at the program that Dr. Dever was running in Pohnpei a while back, is there any possibility that we can revise this? Because, I don't know about you guys, but we're not going to have doctors in the next 10 years down the road.

(Michael Epp) Dentists...yeah. Okay, there are two of the NGO's that want to make some quick...well, you're not an NGO, but Sela, can you keep your comments brief?

And Cliff, you wanted to make a comment, and then I want to go over the recommendations.

(Sela Panapasa, University of Michigan) OK, I have 30 seconds and I promise I'll stick to my time. Two comments: I would like to echo Steve's remarks about establishing minimum standards for data collection and infrastructure – but please be very specific, it needs to be flushed out. What do you mean? When you talk about data statistics, we're talking about vital statistics, chronic disease, etc. And also, add a dollar amount. As a recommendation, DOI probably doesn't have the funds for it, but I would like to suggest providing a congressional mandate. To follow up on that point, I would like to share with the group that I had written language that got into the Health Disparity Bill for Congress – it's a congressional mandate for \$10 million to conduct a health survey of the Native Hawaiian / Pacific Islander population in the U.S. and each of the insular areas. The focus was on Native Hawaiian, other Pacific Islanders, but I think in discussing with Dr. Mills, we could also include the Virgin Islands because this is a problem too. So that is in the bill.

(Michael Epp) OK I'm going to be really strict here, we really have run out of time for future comments. Um, I do understand - Carmelo? Is that...wait did you want to make a quick comment and then I'm going to go over the recommendations and then we need to close.

(Carmelo Rivera, Chairman, Government of the Virgin Islands Health & Hospitals Facilities Corp.) This is just very quick. There is a comment that the Congresswoman (Christensen) made about residence, medical residence, working in areas where there is telemedicine. I think that this should be pursued because it helps out with the shortages we have for physicians and other allied people. Okay. That's it.

(Michael Epp) Okay, thank you everybody, good discussion, short amount of time, it's a little like speed dating. So, I'm going to go over the recommendations really fast, okay? And then let's look at some comments. Remember, this won't be – we're going to distribute these, we're going to do some email work. So first is...

1. The first one is to assist the jurisdictions with developing protocols, accessing and transporting, sorting, sort of the whole donated supplies resource that's available out there. Second, is to [interruption] oh, and amend the Denton Amendment, that's part of it. I will make sure that that's part of it.
2. Second is to provide equal emphasis on preventive care (although it's not politically popular), that's huge in primary health care, that's a huge component of particularly the pacific jurisdictions.
3. Three, assist the jurisdictions with coordinating the other Federal sectors, bringing them in to a more coherent approach, accessing their resources, so DOI can assist us with coordinating the various Federal sectors.

4. Fourth is the data issue, identifying minimum standards, both for data sets, and also for investment in health data infrastructure.
5. Five is to review the Medicaid Cap, including the cost share issue.
6. Six is to include the Virgin Islands in the processes. If there is an IOM report – before, it was just the Pacific – (a new study should) include the Virgin Islands.
7. Seven, comment on the OIG report. If not, rescind it, have some strong language in reference to that particular report.
8. Eight, to do some recommendations on future audit and reporting processes to ensure that there are protocols for reviewing drafts and commenting.
9. Nine (we've got 16 guys, so if there are any candidates for knocking those off [discussion in background]), support more Pacific driven technical assistance, is what sort of Pete had commented on, you know...find processes and mechanisms to ensure that technical assistance is more consistent with sort of local needs.
10. Ten, to support or assist the jurisdiction with developing both internal agreements and also to revisit some of the international issues with accessing the health work force – outside of the jurisdictions and within. Whether it's licensing agreements among the jurisdictions, or finding ways to bring providers from the Philippines for example, to Guam, etc.
11. Eleven, assist the jurisdictions with regard to health care financing. We might fold that into the Medicaid cap issue – and that's as Palau begins, for example, developing a system of health care financing to provide the appropriate technical assistance support as the freely associated states do this.
12. Twelve, increase access to VA resources, within the freely associated states, and I assume the territories as well.
13. Thirteen, support the health work force efforts of the PIHOA specific to the public health training program in the context of the community college programs.
14. Fourteen, support quality assurance development in the regions, not just PIHOA's efforts, but overall.
15. Fifteen, is this large HRH issue of essentially integrating and summarizing PIHOA's HRH recommendations in the context of this outcomes document, and there was a number of recommendations that Dr. Dever went over.
16. And number sixteen is the ownership issue of sort of insuring that as policy is developed, and as resources are allocated, that that is clearly a process that sort of

takes place within the context and the ownership of the local jurisdictions as they evolve. So kind of improving that connection of ownership.

So those are the 16 recommendations which we will have to sort of massage and send out on an email list. So I'm just going to open it up for comment.

(Justina Langidrik, RMI) Bulk purchasing.

(Michael Epp) Yeah, but I think that...I mean, Justina, do we want that as a recommendation for this overall group? I mean, one of the challenges even within PIHOA, in the discussion, was where bulk purchasing is going...and this was sort of my point, if we're making recommendations for the jurisdictions. A lot of these things are being discussed elsewhere and they need to be brought in maybe in a slightly different way. So, any comments before we close? We have a few more minutes.

(Vivian Ebbeson-Fludd, USVI) I just had a question in regards to the recommendations, and I know that you say that it is 16. As we look at the Joint Statement of Resolve, it might be very beneficial that as those items are separated, that the respected recommendations fall under whatever that resolve is.

(Michael Epp) So index this back to the resolution points.

(Vivian Ebbeson-Fludd, USVI) Exactly.

(Michael Epp) That's a good suggestion

(Vivian Ebbeson-Fludd, USVI) Yes, because I think what we've discussed in all the recommendations can really be platted under either of those resolves, and it really shows under the joint statement that was developed, that here are our recommendations, accordingly, and how they relate to the statement that has been unfolded today.

(Michael Epp) Excellent, thank you.

(Clifford Chang, Executive Director, Pacific Islands Primary Care Assoc., HI) There was a lot of talk about trying to get an IOM report, is this an appropriate place to...I mean, given the discussion around this report, that there be a suggestion or a recommendation that a new IOM or similar report be done?

(Michael Epp) Do we want to put that as a recommendation specific? [Group response - yes] OK.

(Stevenson Kuartei, Palau) Mike, I think many of these recommendations were made on the plenary. I think they are going to come out, so I think one of the things to do is frame against the resolve things, but also look at the report that is coming out of the plenary and if those same recommendations are there, that we group them and understand

that the came out of here. That way only those ones that were not mentioned in the plenary are highlighted as an outcome of this meeting.

(Michael Epp) OK. So to some extent, we can develop these now 17 recommendations. We will need an early draft of that to be able to massage those in a way to make them more effective and pulling out those ones that weren't discussed in the plenary sessions.

(Vivian Ebbesen-Fludd, USVI) I think one of the items was already on your 16 already the Virgin Islands and the IOM, so those two can be combined and so you're still at 16. And the Delegate (Christensen) did speak to that as well – and I know speaking with Dr. Dever we did have some discussions with her so she too can go ahead and push that issue.

(Michael Epp) That's great, thank you. Any other comments?

(Vidalino Raatior, Santa Clara University, CA) Is there any way you can expand, or have DOI invite other universities in the United States or here to participate in training.

(Michael Epp) PIHOA and a lot of the others in the regions have been doing that type of partnership. I think the DOI can provide some assistance, but I'm not sure that DOI is best situated. I think that, for example, the Pacific's Post-Secondary Education Council, which is the community colleges in the Pacific, might be better situated to sort of pull in the other universities in the U.S. and so on, so...Bill.

(Bill Gallo, DHHS-CDC) Michael, does this group, or should this group be involved at all or know that the Lieutenant Governor from Hawaii made a big pitch about compact impact and the inadequacy of funds? Is that something that this group should be at all interested or make a recommendation about?

(Michael Epp) So just for the record, what Bill's commenting on is should there be some sort of response to the Lieutenant Governor's comments – which I didn't happen to hear, but heard that he had some strong comments about compact impact and the responsibility of the jurisdictions in alleviating it.

(Stevenson Kuardei, Palau) I think the comments were for the leaders rather than for the health sector. One of things that did not come out of that, apart from the Lt. Governor of Hawaii, is that there is a negative impact in the island jurisdictions themselves. These are people that were given money to train, so we used the money to train from the compact funds, now they're working for the US government or the US and we are not getting compensated back the money that we used to train. But I don't think that is an issue that we should discuss; I think it's an issue that the leaders should address.

(Michael Epp) Last comment, we've got time for maybe one or two comments and then we're going to close.

(Dr. Greg Dever, Palau) You know the Secretary, through his signed communiqué here, has set up this thing called ‘ICAIHR’ the Insular Health Response Process and Task Force, we need to be at that table. The Pacific and Atlantic islands need to be at that table. Because we’ll have these Federal officials deciding this and that, we need to have input at that table. And more than just a JEMCO and JEMFAC.

(Michael Epp) OK. Any last comments?

(Marina Titali, OIA-DC) The working task force is set through the Intergovernmental Group on Insular Areas, with IGIA, expanded to encompass also the freely associated states. (added for Final Report: Per the Joint Agreement, the stated purpose identifies that the assessment of the health care needs will be “in consultation with appropriate leaders from these areas”.) So, this isn’t just a one-sided task force.

(Michael Epp) Great, fabulous, OK. Who, appropriately, would have the last word? Oh lets just give it to Marina here, who worked so hard in doing this...

(Vivian Ebbesen-Fludd, USVI) Can I just say something really quickly. It really, really warms our heart and I’m sure on behalf of Governor de Jongh, the people of the Virgin Islands, being able to partner with you, I think we have learned a lot by being here, and we look forward to continued conversions. I know Michael, that as we get off the mic, there are some questions I need to ask you in regards to participating in PIHOA and how that can be done, and partnering with you. We really, really welcome the opportunity. We depart back to the Virgin Islands on a very long flight tomorrow. But we will cherish this time with all of you. And we have your communication information and will remain in contact with you. We have also shared our communication information and please feel free to email us and contact us.

(Michael Epp) Wonderful [*applause*], we look forward to that discussion. We’re going to have rename ourselves to the Oceanic Health Officers Association...no...joking. Go ahead, I’m going to give the last word to Marina who has really knocked herself out this last month and who deserves a quite a bit of applause [*applause & clapping*]. This is a very stressful thing to undertake and she’s done a fabulous job...so here...

(Marina Titali, OIA-DC) I want to thank you all so much for your participation, your enthusiasm, your cooperation. This was so hard for me because I’m not the health person at Office of Insular Affairs, and I’ve enjoyed so much, meeting all of you. I want to say that OIA will hear you, and we will do whatever we can to help improve health care out in the Islands. I would like to introduce some of the OIA staff that are here because I want you to know that OIA has policy desk officers who are assigned to the different island areas and field representatives out in some of the island areas and we can all always be turned to for information and technical advice. For myself, I’m the Senior Policy Officer and I’m also assisting with American Samoa. And then, in American Samoa, we have a Field Representative, Lydia Faleafine-Nomura who’s been there for many, many years and works very closely with Patricia Tindall at LBJ. And then we have a new employee, Ryan Edgar, who most likely will be assigned as the Policy Desk

Officer for Guam, so that's somebody, another resource at our office. Francisco Taitano, who's out there folding flags so that PACOM doesn't send the military after for not returning their flags, Francisco Taitano is the Policy Desk Officer for the CNMI. For the FSM and for Palau, we have Tanya Joshua, who was here today. I don't know if you noticed, she and Lydia were passing the microphones during the meeting and she works very closely with both governments. For RMI, we have Joseph McDermott, who actually is our Policy Division Director, and he's been working with the RMI government ever since he started with Insular Affairs and he works very closely with the RMI government. (Added for the Final Report: We also have a new employee who just came on board, Basil Ottley, the Policy Desk Officer for the USVI.

I wanted to make sure that I give you this information so that if there's anything we can do in the way of follow up or something that you think is very important to come to our attention, you have us as a resource to send information to.

CLOSURE Added for the Final Report: Taken from the many times spoken by Secretary Kempthorne, from the Department of the Interior and the Office of Insular Affairs, thank you again for your dedication, your hard work and, in the midst of so many challenges, all of the wonderful things you do everyday to deliver health care services throughout the U.S.-territories and freely associated states.

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Appendix VII: Department of the Interior Contact and Staff Acknowledgments

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