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.

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)

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

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 lets 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 annim. 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:

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 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 is 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.

(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 is 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 pogoda 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 Americans 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 in 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 are 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 a 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 lets 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. Ii 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 relieves 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 a 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.)**