

## **I. EXECUTIVE SUMMARY**

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

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

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

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

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

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



*US Government Principals and Island Leaders. Photo by Randy Beffrey*

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

#### Identified Health Care Priorities and Issues:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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