

## II. Summary and Highlights of the Summit

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

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

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



*Panel 1 Members at Health Summit. Photo by Tami Heilemann*

Panelists:

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

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

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



*Panel 2 Members at Health Summit. Photo by Tami Heilemann*

Panelists:

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

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

Panelists:

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



*Panel 3 Members at Health Summit. Photo by Tami Heilemann*

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

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

Panelists:

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



*Panel 4 Members at Health Summit. Photo by Tami Heilemann*

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



*Kempthorne and Peake. Photo by Randy Beffrey*

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

transcripts were made from the available video.

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

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

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

## HIGHLIGHTS

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

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

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

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

Secretary Kempthorne made the following comments:

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



*Sec. Kempthorne on Pacific Trip. Photo by Randy Beffrey*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Notable Questions and Responses

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

Responses:

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

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

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

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



Responses:

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

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

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

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

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

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

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

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

Challenge: Workforce recruitment and retention

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

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

Recommendations for additional actions:

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

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

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

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

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