

AV 09.30.08 HS Wkg Grp: Island Health Officers - Afternoon Working Session

The working session included the following attendees representing: hospitals, clinics and health departments of the Insular Areas and of the State of Hawaii; the Office of the Vice President of Palau; the office of the Lt. Governor of Guam; various Federal departments and agencies; U.S. colleges and universities; and several non-profit organizations. Some of the attendees did not speak their comments directly into one of the microphones provided and, therefore, were not clearly captured on the AV and could not be included in the transcribed information below.

Attendees:

J. Peter Roberto, Acting Director for Public Health and Social Services, Guam
Joe Kevin Villagomez, Secretary of Public Health, CNMI
Jaime Spence, Chairman and President, Canvasback Missions, Inc., Venetia California
Jacque Spence, President Canvasback Missions, Venetia California
Carolyn Shrew, Administrator, Health Services, Kosrae State, FSM
Elizabeth Keller, Director of Health Services, Pohnpei State, FSM
Justina Langridik, Secretary of Health, Marshall Islands
Lynette Araki, Senior Health Policy Analyst, Health Resources and Services Admin
Dr. Greg Dever, Director of Bureau of Hospitals & Clinical Services, Palau, Chair of PIHOA, HRH Committee
CAPT John Walmsley, Senior Health Advisor, HHS, RIX, OPH
Arley Long, Administrator, and Family Nurse Practitioner, Public Health, Tinian, CNMI
Patricia Tindall, CEO of LBJ, American Samoa
James Taylor, Legal Counsel to Vice President Chin, Palau
Luis Sylvester, Health Policy Advisor to the Governor, USVI
Carlotta Leon Guerrerro, Chief of Staff to Lt. Gov Cruz, Guam, and Exec Director of Ayuda Foundation, an NGO
Irene Paul, Asst. Secretary of Health, Ministry of Health, Marshall Islands-Ebeye
Vivian Ebbesen-Fludd, Commissioner of Health, USVI
Morgan Barrett, Deputy Director, Hawaii State Dept of Health
Stevenson Kuartei, Director, Bureau of Public Health for Palau
Clifford Chang, Executive Director, Pacific Islands Primary Care Assoc., Hawaii
Lydia Faleafine-Nomura, Interior, Office of Insular Affairs, Am. Samoa Field Rep
Ryan Edgar, Interior, Office of Insular Affairs, DC, Policy Desk Office for Guam
Marina Tinitali, Interior, Office of Insular Affairs, DC, Senior Policy Officer
Michael Epp, Executive Director of the Pacific Islands Health Officers Assoc (PIHOA)
Sela Panapasa, Institute for Social Research, University of Michigan
Bill Gallo, CDC, Senior Management Official, HI and US-affiliated Pacific isles
Marie Lanwi-Paul, Asst. Secretary, Ministry of Health, Marshall Islands - Majuro
CAPT Cathy Wasem, Senior Public Health Advisor, PHHS, RIX
Dick Brostrom, Medical Director, Public Health, CNMI
Vidalino Raator, Micronesian Dental Support Project, Santa Clara University, CA
Carmelo Rivera, Chairman, Government Virgin Islands Health&Hospitals Facilities Corp
Julio Marar, Director of Health, Chuuk State, FSM
James Gilmar, Director of Health, Yap State, FSM

(Michael Epp, Executive Director, PIHOA) I think we have until 4, 4:30. Joe needs to leave at 4. Maybe we can convene and just start. Is there anyone that would like to lead this as a facilitator? (Michael nominated, nomination seconded). Ok, if everyone accepts that recommendation.

(General) Group discussion to establish the purpose and outcome of the session: Opportunity for Insular Area health officials to respond to the meeting with some clear recommendations and comments that can be included in the official record for the meeting.

(Michael Epp) We invite and welcome the non-governmental organizations (NGOs) to participate and help us formulate some type of response that's appropriate. Is that everyone's understanding of the purpose of this? And I think if all we did was come up with 4 or 5 recommendations as a response to this, I think that would be a pretty good outcome in the limited time we have. Does everyone agree with that or do you think there should be some other additional outcomes of this meeting? That would be recommendations from the perspective of the insular health officials for the final conference report. I'm suggesting that, but that's open for discussion.

(General) (can't hear the people's comments if they do not speak into the mike).

(Michael Epp) I think we're probably most concerned with some type of summary document being integrated. This arguably, from the island health officials prospective, could be one of the most important components to this two-day summit. So what I'd like to do is open this up and I would like to give some priority to the island health officials.

(Dr. Greg Dever, Director, Bureau of Hospitals & Clinics, Palau) Nov 1, draft of the report of the summit, comment period – 2 wks, (read notes on what the Secretary said) Preliminary report by Nov 1, within a 2-wk period, comments, then by Dec – finished report regarding the summit, game plan implementation issue by June 2009, that's what was said.

(Michael Epp) We have the room to 4:30. Suggest, let's have open discussions, starting out with the island health officials and then hone in on what the main recommendations are. What is the message to take back to our Federal partners in terms of recommendations based on the last two days?

(Carlotta Leon Guerrero, Chief of Staff to Lt. Governor of Guam) Something that I have been sitting on for years and it goes to something that Secretary Kempthorne was saying that he would like to see partnerships with hospitals in the US and their surplus' moving out to partner hospitals in the regions. There's this mechanism called the Denton Amendment and that's how you can move humanitarian cargo on DOD ships and planes. The Denton Amendment needs to be fixed and amended because right now it can not go to the freely associated states. The movement of this surplus equipment can be facilitated if the Denton Amendment is amended so that the freely associated states can be the

recipient of DOD movement of cargo. And it has to go through a Non-Governmental Organization. So right now if there's so much grain in the US and they want to give it to the Balkans, they can do that. And if they want to move excess school buses to Nicaragua, they can do that. But, if you try to move hospital beds on a Navy ship or an Air Force plane to Micronesia, you're stopped. So a solid recommendation to facilitate what Secretary Kempthorne was saying is to amend the Denton Amendment. That will facilitate the flow of surplus hospital equipment from the US to Micronesia.

(Patricia Tindall, CEO, LBJ Medical Center, American Samoa) I also think something we need to look at is maybe ways it could be facilitated that we know what equipment is out there and how to find it and how to get our hands on it. Along with that the volunteer organizations, I know they can help us. There aren't any in American Samoa, so how do we get them to come to us. I don't know if we can look for those resources or have the Department of the Interior look for corporate partnerships, intergovernmental partnerships, university partnerships, these are all things we are trying to do. There is lots of red tape, it is very confusing, and my lovely Samoan grant writer who is not familiar with all those issues could maybe use some help from someone in Washington who knows how to get through the red tape, or knows where a connection can be made from a volunteer organization, or a connection with a hospital.

(Michael Epp) So what precisely would be your recommendation?

(Patricia Tindall, Am. Samoa) That we somehow add in there the facilitation of those connections.

(Michael Epp) We would ask DOI to help facilitate those connections?

(Patricia Tindall, Am. Samoa) Or some other organization that's stateside.

(Jacque Spence, President, Canvasback Missions Inc.) Also need someone on the ground available and knowledgeable, who is going to inspect equipment and see. I have seen so much junk being sent out – equipment that doesn't work or isn't easily repairable.

(Michael Epp) Asking for support to build an infrastructure to access and transport equipment.

(Jaime Spence, Co-founder, Canvasback Missions Inc.) NGOs can get a lot of good equipment donated, good stuff. But to just ship it out there because you think they may need it is not going to work. There should be some guidelines for providing equipment. First communicate with someone out there to determine if the equipment is needed and is the technology available to operate the machine (infrastructure, expertise, maintenance). Canvasback always sends an expert out with the equipment to set it up, provide training, and provide maintenance if needed.

(Michael Epp) Lots of consideration in the way of guidelines, some transportation, we can word that in some kind of recommendation. There's been a lot of discussion off-line

that I have been a part of and I hope we can capture some of that creative discussion that has been going on in the background. So can we hear from some of the Insular Area health officials or their staff.

(Joe Villagomez, Secretary of Health, CNMI) There were a lot of things discussed, again putting aside the IG report and focus on the substance of this day and a half, we have focused a lot on the curative side of things. In order to see changes in the health indicators, we need to put an equal amount of emphasis on the preventive side of things. We all know that politically the preventive side of things is not appealing because returns are down the road, 5-10-15 years down the road. But again, and we are starting to do this in the CNMI, if we don't get going I will have to build a bigger hemodialysis facility again in 5-10 years and that's not really addressing the health care needs. Both Director Fukino of the State of Hawaii and I spoke with Secretary Kempthorne and we need to work closely with CDC on the preventive side of things. Another thing we will send to Secretary Kempthorne, it is great to have the other Federal folks to sign the document, but we need more Federal departments - need education, need financial folks, need USDA.

Also even just within one department, I'll pick HHS because we're the number one recipient of a lot of their grants, all the different agencies speak a different language. Now we have not moved forward on a lot of things because each grant requires us to implement a certain data collection system that is different from the second grant that we are going to get. And sometimes they're competing, or they don't work. And then we have about 6 or 7 data systems to gather data, and when they cannot speak to each other they blame us for not moving forward with data information systems. So there has to be better coordination on the Federal side on what kind of language (software) we need to speak (computer databases).

You know, Micronesians, most of the time will not want to stand up to any of these grantor agencies, because, you know, they are giving us money. A lot of the information in the different systems is the same. Its just the grant says what kind of data system we have to get. While we do have our own issues that we need to put together to become unison within our own jurisdiction, I think the same kind of recommendation should go to the Federal agencies.

(Marina Tinitali, OIA-Washington DC) The grantor agency is identifying what system must be purchased?

(Joe Villagomez, CNMI) Yes, the data system is identified in the grant that will pay for it. And different grants identify different systems. For example: immunization data, diabetes data system, bio-terrorism system...systems don't talk with one-another, grants only pay for the specific identified system. Sometimes several data requirements are coming from different offices within one Federal department, and each office identifies a required data system to be purchased. The systems are different and don't "talk" to one-another.

(Michael Epp, PIHOA) (suggested wording of the recommendations)

(Stevenson Kuartei, Director of Public Health, Palau) I think we shouldn't piece-meal it. If there is going to be a recommendation, there has to be a minimum health information system requirement that should be applied to every jurisdiction. There are some that are probably so far advanced that we can not even get to their level, but here we are so many years in our funding and we still do not have good health information systems. So there has to be some minimum standard that everybody needs to come to the table and say this is the minimum that each of us must have so that when we talk about data it is uniform data, that the Federal partners know exactly what the system can spill out so when they ask for data it is the data that comes out of that system. So the recommendation is that we need to actually set a minimum standard of health information within all of the jurisdictions.

(Michael Epp) (suggested wording of the recommendations)

(Stevenson Kuartei, Palau) Identify a minimum data set.

(Michael Epp) But if we word this as the need to identify a minimum data set, this would be a recommendation to DOI. We are not asking them to do that.

(Stevenson Kuartei, Palau) If you went to any of the jurisdictions, with a simple maneuver, can you provide the vital statistics? I say not. You have to go through manuals and manuals to try and figure it out, why is that? This is the modern age. So, can you define that? And then try to find a way to purchase it, and implement it, train people and have it running?

(Lynette Araki, DHHS-HRSA) I think this is not only a recommendation to the Feds. This should also reflect what the jurisdictions want to do for themselves. I heard that from Secretary Kempthorne as well. It is a two-way thing, not just what the Feds can do. This should be recommendations to both the Feds and local.

(Michael Epp) Then I think we need to agree on what these recommendations are. Are these recommendations to the jurisdictions on what they are going to do?

(Lynette Araki, DHHS-HRSA) It should be both. Not just one or the other.

(Michael Epp) Ok.

(Marina Tinitali, OIA-DC) I recommend that in the presentation of your recommendation, it would be helpful if you identify the issue or problem you wish to resolve and then offer recommended actions. That way, if the Feds can see what the problem is, and none of the recommendations you make can be assisted by the Feds, then the Feds may be able to offer other possible solutions within Federal authority.

(Bill Gallo, DHHS-CDC) (clarifying) The jurisdictions are getting grant requirements from different parts of the same agencies, huge amounts of same info, but grants required purchasing different systems so data can't be automatically downloaded between systems easily.

(Vivian Ebbesen-Fludd, Commissioner of Health, USVI) I think one of the areas from the Virgin Islands, although we may seem to be further ahead we are probably on the same page that you are. And because a lot of what we have been able to implement, we've taken those things out of other local resources. So when we talk about the support for technology enhancements and data collections, we are all on the same page. As we were looking in regards to our own health electronic records, what you saw Mr. Sylvester present on is what is at the hospitals, that has come out of the operating budget of the hospital and not supported in an way federally. And so we had to decide what the priorities were.

We have the same limitations in regards to data. Many of our data systems are still manual. Our vital statistic system is still a manual system. And in order to meet the mandates and qualify for additional dollars that may be available, we lack the data. Or realistic data because I can't tell you that the data we do produce is reliable enough to mandate our needs. So we're in agreement with the standardization of data collection. I don't know if we will ever be able to have the same system, but I do agree with Stevenson that we need a minimal data set that we all are collecting that can ultimately be compared across all of us.

And then I think the issue that we all brought up today, we can't leave here without it being a recommendation, the Medicaid Cap, it is impacting many of us. And then the suggestion that was there about Puerto Rico, I don't think that is something we need to solve, but it has to be looked at. It impacts all of us. What is happening in Medicaid is a really a stranglehold. For example, our 50/50 reimbursable. In Mississippi it is 80/20. We could make those Medicare dollars go a lot further; we could do more for prevention; we could help more people. But if it's not being looked at because of Puerto Rico, then we have to address the Puerto Rico issue, that's just a reality.

And for us, from the Virgin Islands, just this opportunity is just welcoming to us. As I was speaking to a number of individuals, we kind of don't really fit any where. Let me explain that comment. You have the Pacific Islander Health Officers Association (PIHOA), and Puerto Rico stands out, and the Virgin Islands are sort of in the middle and at times were just left out. Because when we connect to the mainland U.S., we're very different, so we're left out of those grant opportunities. When we go to the Pacific islands we're not included, and we don't come in with Puerto Rico. So really we're a little bit further behind because we're just kind of out there floating out in the sea, and we're happy to be floating with you. And this opportunity has allowed us from the Virgin Islands to really connect and continue our conversation because we're not different at all. Our issues are the same.

We do carry U.S. territory, but there are many limitations. And there are some integration with some of your partnerships and associations. The issue like the Institute Of Medicine study, it was done on the Pacific islanders. What we're saying, and I spoke with the Dr. Dever and the Delegate that needs to include the VI. We weren't in there, we've never been looked at. So that information for the Virgin Islands doesn't exist. So this is an opportunity to partner. I couldn't leave here without expressing that. It is very important.

The technology enhancement and data collection, because we are being asked to report the standardization of data to whatever point we can standardize, we need a standard data set.

And I agree with Secretary Villagomez. When we were sitting next to each other, we all realized we were all talking about building the workforce. The Department of Education, who has the children on a long-term basis to address the preventative issues, also has the responsibility to build a foundation to develop that workforce. DOE is a significant partner, and I did share that with Secretary Kempthorne that they needed to be at the table as well.

(Michael Epp) (discussions to formulate the recommendation – Medicaid issues)

(Dr. Richard (Dick) Brostrom, Medical Director, CNMI) The issue of Medicaid is important. It's important because no one is asking for a handout. We are just asking for equal pay for equal work. We would like to have the same treatment as the states. With 50/50 funded and capped, we get a little over \$300 per person per year, less than a ½ than what's calculated for most persons in the U.S. states are receiving. This really hurts because of the high cost of health care. We are not asking for a grant. We just want to be treated fairly. Also, in the end, the issues of funding are central here. If the Feds are feeling like some volunteerism and second hand equipment is going to solve the problems of health care infrastructure in the Pacific, I think in three years we'll be looking at an OIG report that is worse than the one we have in front of us. It is going to take some real money to put into the infrastructure to make a difference.

(Vidalino Raatior, Santa Clara University, CA) Did we agree on whether the recommendations are for only DOI or also for the jurisdictions?

(Michael Epp) I think that is the open question. I do want to make a recommendation. I would suggest that we focus on DOI and the relationship with DOI. Because there are other venues for doing the planning and recommendations internally (there's PIHOA, the APNLC) and when this report come out it will feed into the other strategic planning processes. Right now, if we start doing recommendations for the jurisdictions, what is the authority? What are we talking about?

(Vidalino Raatior, Santa Clara University, CA) I'm not sure if we are necessarily addressing the authority question. But to have it shown in the report because everyone will be reading it. I'm from Chuuk originally, but I'm not representing Chuuk. I'm

looking around and I don't see anyone from Chuuk. Chuuk is not represented here (OIA note – at the time of this statement, Julio Marar was not yet in the room) and that's part of why it is important for recommendations to not just be for DOI but to also be for the insular health officers.

(Bill Gallo, CDC) I think recommendations should be addressed to conveners of the meeting. Probably a lot of valuable ideas that will come out of this will be sorted out later.

Before we get too far away from the data thing, because I've heard some good suggestions and think they would be recommendations back to our Federal health colleagues. I think a valuable and important ally in this discussion is our colleagues at ASTHO (Association of State and Territorial Health Officials). This is a big group that has quite a bit of clout with the Federal health agencies, while many of the ASTHA membership represent big or medium sized states that are just as sidelined as the agencies they are dealing with and they don't care or mind running 10 different data systems, there are a number of members from smaller states that have similar concerns. Although what we are dealing with in the islands, I know is unique, you'd be surprised to find that your friends in Alaska and Wyoming and South Dakota and in other states are pulling their hair out as well and are really frustrated. And I think if you guys teamed up you could potentially be a bigger voice and I think will have some impact back in Atlanta. And if the recommendation was something Steve, like, every single data set that Atlanta requires us to do should be able to communicate with each other; should have these basic fields in it; should be on this platform; I think that would be a huge step forward.

(Stevenson Kuartei, Palau) There are a couple of issues. One of them is the minimum data set that Bill has brought up. I think we need to make sure that Federal agencies are talking to each other that are the gist of saying minimum data sets. The Department of the Interior actually gave us a very old health information system when I first went to Palau, and we've been struggling to upgrade that. Just these past three years we were able to get a grant to change the hardware, to change the software so that we can then move into a new health information system. But I'm even talking about the infrastructure. If we are going to require the jurisdictions to come with some minimum data set, then some infrastructure needs to be invested. So I'm talking about two things.

1) Minimum investment in what would be the requirement to spill out the minimum data set, so it's a minimum data set which is the information itself, and

2) At the very minimum, the minimum infrastructure to spill out that data set.

(Michael Epp) Any other discussion on the data issue?

(Lynette Araki, DHHS-HRSA) I wanted to go back to earlier Greg had suggested looking at this Joint Resolution that was passed out. My understanding is that this Joint Resolution was both on the Pacific side as well as on the Federal side. The Joint

Resolution that was passed out appears to be a Joint Resolution signed by both Pacific leadership and Federal leadership that were at the table. Is that correct, Marina?

(Marina Titali, OIA-DC) Nobody from the Insular Areas signed the Joint Resolution.

(Lynette Araki, DHHS-HRSA) But you agree? Is there a consensus?

(Marina Titali, OIA-DC) It is a Federal document.

(Lynette Araki, DHHS-HRSA) That goes to the same point we were talking about the data system, minimum data set. It talks about resolving to increase efforts to reach out to other partners who can advance the improvement of health care in our islands. I mean there are all these different things, it talks about what the jurisdictions as well as what the Feds can do together.

(Michael Epp) And I think we can generate ideas on that. I'm just concerned that recommendations come out and become part of the document and then the more formal planning and decision making processes, how do they get integrated in for example when PIHOA or the other groups do strategic planning? I mean some of these things that have come out from just this group here, like the data issues, require a certain amount of thought and discussion among the leadership and that's not going to happen right now. So I get worried about making recommendations for island health officials that are not appropriately processed.

(Patricia Tindall, American Samoa) I guess we are looking for kind of 5 resolutions or suggestions and I want to go back to what Joe brought up, about preventive care. We have talked about health care and we are making a lot of suggestions about medicine – medicine is not health care. Need to look at health care in a broader context and include that preventive care, and maybe, I don't know how to word whatever this recommendation is, but to somehow include preventive care, primary health care and education. Because one thing at least in Telehealth I think is really important, you have to have the DOE and you have to educate your consumers. Our consumers are grade school kids – they are not educated when it comes to health. It is something that is taken for granted, nobody thinks of until something goes wrong and you need medicine. I want to include in the resolutions something that goes back to primary health care, preventive health care, maintenance, before the medicine, have that included in an objective that DOI can help focus on, rather than just the medicine.

(Michael Epp) Let me summarize the recommendations developed from the discussions so far:

- 1) Joe: Setting up systems for appropriately accessing, identifying, and sorting through supplies and donated things from other entities, the travel aspects and the protocols.
- 2) Joe: Equal emphasis on preventive care/ primary care, and we'll need to come up with some wording for that that is appropriate. One of the reasons why we're sending

around the sign-in sheet is because we're not going to figure out all of the wording right now. So this is going out to this group and within a week or two we'll need to have something over to them so that they can include it in their document. But there's going to be a little bit of massaging that's going to need to happen.

3) Joe: Bringing together the various sectors of the Federal government and programs in the Federal government to bear on the larger issue of health systems development, the Education component, the Agriculture component, etc.

4) Stevenson: Developing minimal standards both on data sets and information system infrastructure and the investment into that infrastructure.

5) Reviewing the Medicaid cap.

6) Including all Insular Areas, including the Virgin Islands, in assessments and processes – such as IOM report.

(Dr. Dever, Palau) What happened to the Denton Amendment?

(Michael Epp) That's included in the very first one.

(Marina Tinitali, OIA-DC) For Medicaid, don't forget. It is not just the cap on Medicaid, you may also want to have a recommendation on the cost share differences. The GAO completed a review on health disparities in the U.S. Territories. You should read the report to help with recommendations, especially related to cost/share provisions. The report also identifies other programs that have differences in how they are administered in the states.

(Peter Roberto, Acting Director, Public Health and Social Services, Guam) I think that, together with, what did you say, is that the IG report on the cap issue? The GAO report on health disparities. Good to know about the GAO report. Earlier this year, 2008, several of us were at the Nevada meeting addressing health disparities in the Pacific. The Office of Minority Health is going to include this disparity in its National Plan, so this again is added on to that. It truly is a disparity. I'm glad that you brought this up because I want to follow up on when we start looking at disparities. This is one real disparity that we need to continue to look at and not give up because it is like fighting for our own, whatever you want to call it, our own civil rights or whatever it may be.

Additionally, what I want to add on in addition to the data structure need for the region is the issue of revisiting technical assistance. We often have opportunities of technical assistance provided to the territories and other jurisdictions and we need to rethink how that is going to be designed and processed through with DOI.

Lastly, since we are on record, coming from Guam, and I join others who have brought this to the podium and brought this to the microphones, I'd like to request that the

Department of the Interior consider rescinding the (OIG) report that it put forward. The report needs to be rescinded or come up with a more accurate report. I think it is a critical document for information. Apparently the report made it back to Guam, and we are working very quickly with the hospital administrator to address the media concerns. Its issues like this that when we start to really paint the picture, I think here is the opportunity that we can come as insular area officials, or as PIHOA, whichever, going and highlighting the need for these credible bodies to really come and put the voice into these documents and trying to ensure it really is reflecting the needs and outcomes and strategic directions that were headed to. I do want to also say the effort is noble but it needs to be retracted and resubmitted.

The other thing from Guam, the issue of Visa waiver and other international agreements in terms of accessing critical health care professionals. There's a lot of talent out there. But when the Secretary asks the very simple question of why can't we get syringes, why can't we get mops, why can't we get these very important basic and medical supplies? Not only dragging out the issues of the procurement bureaucracies, but sometimes international agreements at a larger scale can really prevent us from honing in on to the regional resources that we have within our various jurisdictions. I'd like to give one very credible example that it (sharing resources within the region) works: the substance abuse collaborating counsel have established among the six pacific jurisdictions a regional international agreement, ICRC, a person from Chuuk who is certified in the ICRC can actually come to Guam and perform substance abuse treatment. These are the kinds of things where we can agree to the standards and credibility and other requirements, that we can really hone in and maximize the very resources that are out there in the Pacific islands and Insular Areas.

(Michael Epp) There's quite a bit to untangle there. I was reading at least three things so I just want to confirm with you. 1) OIG report – Marina will comment about Pete's comment about rescinding it. I want to emphasize that I think that report potentially can do much more damage than good, in the way that it was done, in terms of the relationship with patients, and the moral among the staff, the report could set the health systems back more than help them in the long run. And recruitment is a real big issue. How are you going to get physicians if you have that type of thing in the Press? And I don't think that the Ministers and the Secretaries have any problem with critical reports. They are very good at self-criticism. But I think it's the framing and the timing and the way that it is done. So potentially there are two recommendations. 1) is his comment about rescinding it, and focusing specifically on the OIG report and Marina will deal with that, and 2) the other is working with the Federal government to develop protocols about audits and reports and appropriate ways of going about this particularly when it comes to having the jurisdictions have some review and some buy in and some feedback. Feedback doesn't always mean that the report gets changed, but it is important for the jurisdictions to have and opportunity to comment.

(Dr. Greg Dever, Palau) I'd like to weigh in on this. The freely associated states are independent nations. At the minimum, that report should have been released to the Chief Executives of the countries without them being blind-sided by the Press, which they soon

will be back in their jurisdictions. There's going to be a lot of collateral damage here on these reports. I don't look forward to going back to Palau, to reading about it in our local newspapers, for all the reasons I discussed on Sunday. I support what you say. It is not the information so much that was the problem. It was the tone and the mean-spirited of the report itself. From everything that I heard from this meeting, and the inclusiveness of the Secretary of the Interior, that report was at total odds with the whole spirit of this meeting.

(Michael Epp) (summarized recommendations based upon discussions)

- 1) Address the OIG report.
- 2) How reports are done in the future.
- 3) Technical assistance – please clarify what the recommendation is there.

(Peter Roberto, Guam) Basically the TAs are often driven or supported through ensuring that our goals and objectives are met. I am suggesting that given all that has been discussed in the summit, as we look at Technical Assistance to meet some of these goals and objectives, that one possible means of ensuring so is to get some input of how to assure that the TAs are more county-driven or more driven by the Insular Areas so that it meets the needs that each of us has respectively, and to ensure that however way we work it that it helps support whatever direction is going to come out of this summit.

(Michael Epp) And then there was one other one regarding licensures and sharing human resources.

(Peter Roberto, Guam) Basically international agreements need to be revisited and cost/sharing, cost allocating the health workforce. I gave that one example, which the Governor did share, where doctors from the Philippines, because of the international treaties or other agreements between two sovereign nations, foreigners cannot just come over and practice because of our own standards and regulations. Yet we can send our own patients over to those countries to be treated. And the gap is when they come back to Guam there is not that continuity of care, i.e., case management. So these are some of the things that I am sure that we all share as we often have to send patients off-island for specialty health care.

(Jamie Spence, Canvasback Missions Inc.) I'd like to see if this seems of value as it is one of our special interests at Canvasback. Diabetes seems to be the greatest health problem in Micronesia and growing. And we haven't at this summit been able to focus much on it; there are so many issues to focus on. Would it be of value for DOI to sponsor a summit for diabetes? Or is this already being done adequately and is it being addressed holistically - health, education, wellness, social and economic issues, not just medicine?

(Lynette Araki, DHHS-HRSA) Yes. We just had one (Diabetes Summit). It was convened the first week in September with all of the six Pacific jurisdictions. They sent cross-cutting teams representing health providers as well as community and NGO folks.

They worked on plans to address it. So I think in the jurisdictions they see this and are trying to move away from the medical model. They recognize this. But they also can not ignore the ones that still need the treatment. They are looking at it as holistically as they can. And many of them brought education representatives.

(Jaime Spence, Canvasback Missions Inc.) The other issue is also our special interest at Canvasback and that is sending teams of volunteers that leverage your dollars to the tune of 2500%. I couldn't believe that when Jacque made that statement and I went to my calculator, and yes, it is 2500%. A lot of jurisdictions would like to have more specialty teams to come, but the cost of bringing the teams, some \$20 to \$30,000, is very difficult for them. So I was wondering if DOI might be able to identify some sources of funds that the jurisdictions could use for that purpose.

(Sela Panapasa, Institute for Social Research, University of Michigan) Michael, I'd like to make two comments.

(Michael Epp) Oh, Sela, hold on just a second. Marina do you want to respond to the IG report?

(Marina Tinitali, OIA-DC) I figured, ok they stopped talking about it, we can just go on. I know it's a sore subject. I just wanted to say that the report was completed by the Office of Inspector General. They are not under the authority of the Secretary. They are an independent office that operates under the Inspector General Act and their reports go to the Secretary and Congress. Prior to the release of the report, each government leader was provided a copy, because we didn't want to blindside anybody, the Secretary was adamant that the leaders would receive this report ahead first.

(Peter Roberto and Joe Villagomez saying Guam and CNMI did not receive).

Oh no, Fitial received the report while Nik was on island and I know this because I sent them out. And Tanya Joshua independently spoke with FAS staff for the leaders on travel in New York to make sure that they received the report. We did send it out and the cover letter from the Secretary said that he wanted them to receive an advance copy. The report was not centered on during the summit because, I don't want to say on record that we did not give it the importance that a personal, I know it hits you personally because this is your facility. But it isn't something that we were centering on as, "Oh, look at this terrible thing."

But the Secretary did say in the letters to the leaders and/or in other places that some of this mirrored what he saw when he visited facilities in June 2007. And the IG had photographs of the situations that they saw. That's not to say that they interpreted correctly what they saw. And if your issue is how that report was written, I suggest that your leaders write letters to Mr. Earl Devaney, the Inspector General for the Department of the Interior.

And this was not an audit; it was what they call an evaluation which follows a whole different set of criteria. Audits are very specific on what you must see, what percentages you must see before you draw a conclusion. Evaluations and inspections are different. And I have asked the Assistant Inspector General for Evaluations and Inspections, she was here at the summit, I asked her for the criteria that were used for the report. I haven't received it. And I am going to research what the formal channels are to find out what criteria they were following to develop this report and their conclusions. I asked to see the working papers also. I asked for the questionnaires that they put out, and I did get a copy of the questionnaire from Patricia Tindall's shop, from LBJ. Some of the other places told me that they didn't even know there was a questionnaire.

We want to address what the real issues are and be able to help. And so, I just want you to know that. In your recommendation, again the Secretary has no authority over the Inspector General. They can discuss things. But he (the Secretary) can not require that anything be rescinded.

(Michael Epp) We would like to hear from each jurisdiction.

(James Taylor, Legal Counsel to Vice President Chin, Palau) (to Marina) You said you sent it out to the leaders, was this while they were in New York? What was the timing on this?

(Marina Tinali, OIA-DC) I'll have to check with Tanya Joshua, she's our desk officer for the FSM and Palau. I sent it out through the official channels, to our U.S. Embassies out in the individual freely associated states, and Tanya took care of sending it out to stateside FAS staff to make sure that the leaders received the report while they were on travel.

(In response to questions about why health officials were not allowed to comment on the results of the report). The report was not issued in draft. Even we were not allowed any time period to comment. The Inspector General's Office put it out in final.

(Stevenson Kuartei, Palau) So the sending was one week before, and it was already in the final form. That's not what we're asking. We're asking that before its even finalized, we should have an opportunity to look at it and see if we can, if it is true. First of all some of it is not true, and second some of it has circumstances that are not the fault of our own. So I think the comment would be, and I don't mean to say it is the Department of the Interior, I'm saying something should be said to the appropriate people, there's got to be some protocols.

(Michael Epp) So I want to give Palau and RMI and FSM an opportunity over the next few minutes to continue to comment. And not just about the OIG report, but any other recommendations that you would make with respect to the summit.

(Dr. Greg Dever, Palau) Thank you. The Minister of Palau empowered me and Steve to provide the following recommendations:

1) Needs to be assistance with regards to the issue for health care financing. That might be wrapped up with discussions of the Medicaid Cap. Palau is not eligible for Medicaid, but we support our brothers and sisters in relation to their Medicaid issues. Palau is working on developing its own health care financing.

2) Access to services by eligible military (active, veterans, retirees and dependents) personnel. This was discussed at the meeting in length and Palau would like to continue this.

3) HRH Report submitted by PIHOA– support the process of public health training in the context of the community colleges (Micronesia and other institutions).

4) Quality assurance – there was a lot of discussion about that, how we can bring quality assurance to the table for all of the jurisdictions and you addressed that as a PIHOA initiative. I am sure this is not limited to just PIHOA and our friends from the US Virgin Islands can weigh in on that.

Other information and recommendation:

Also, since I have the microphone, PIHOA met and had general recommendations dealing with human resources for health back in 2003, page 3 of the report, and I would recommend that there be some kind of general statement asking for support for PIHOA's Human Resources for Health Initiative. Then it talks about the exact recommendations, page 11, with regards to while we are waiting for kindergarten through 12 kids to develop through the curriculum programs. Also need to address the issues K through 12, it has been brought up here. There are specific ways that all of this can be financed, through Technical Assistance grants, working with DHHS and working with our international partners and so forth, and those recommendations are on pgs 13 through 15.

I would just present that forward; the work of the Human Resources for Health Committee. It didn't include the U.S. Virgin Islands, but it does address some of the key issues of the freely associated states and I apologize after the fact to the CNMI, Guam and American Samoa.

(Michael Epp) And I think it is OK for recommendations to represent sub-clusters of the group as long as we agree to it.

(Justina Langidrik, Secretary of Health, Marshall Islands) I agree with all of the recommendations related to the HRH. And I would also like bulk-purchasing of medical supplies to be included in the recommendations. Also, another point that Dr. Palafox brought up, is a focus on the sense of ownership. We should identify our needs rather than others determining our needs. It has to be something brought forward by our jurisdictions, a focus on our needs. And I agree with other issues already discussed, especially on preventive/primary health care, human resources for health and other issues about our sense of ownership. Issues should be clearly stated as part of any statement.

(Michael Epp) Bulk purchases issue – in the context of PIHOA, at meetings we have discussed bulk purchasing and it is a bit problematic about how to proceed with that. And I know it has come up periodically and it will probably come up again in discussing regional issues. And I wonder how we would integrate it here or if it still needs to be massaged more from the jurisdictions prospective before it is brought to the Feds. And the other issue, the ownership issue - how would we articulate that within a recommendation?

(Justina Langidrik, RMI) Maybe it should be part of the statement instead of making it a general statement because it is an issue that needs to be addressed.

(Michael Epp) As a preamble to this, and possibly if we can make a recommendation out of it we can.

(Irene Paul, Assistant Secretary of Health, Marshall Islands - Ebeye) Sorry, I couldn't really hear what the Secretary (Langidrik) was saying, but I think she brought up something about human resources. And that is one of the areas that are a priority for us at our Bureau. For example, the doctors, we have 14 doctors and only 2 are Marshallese and there are no other young people going to Medical school right now. And nurses, most of my nurses are also non-Marshallese. And one of these days we are going to wake up and find out we can not afford that anymore. So we must train our own people. So this is one area that I consider as a priority.

We have actually come up with a training program. We take high school graduates and actually train them for 10 months so they will be able to go on and continue outside training as a nurse or doctor. One of the things we have found is that they are weak in math and sciences, so our program concentrates on that. And I am sure they are other jurisdictions that have the same problem but not as bad as us because of our educational system. This training project is a priority. We want to train more local people. We currently have approximately 15 students in the training program and we need support for the program. We need support so that we can develop more local people so when the time comes that we can not afford to bring outsiders in, we will have our trained local people ready to take over.

(Michael Epp) Great comments, Irene. The comments are consistent with the HRH paper and PIHOA. Is it ok to integrate RMI's project with the HRH?

(Irene Paul, RMI - Ebeye) Yes.

(Elizabeth Keller, Director of Health Services, Pohnpei State, FSM) Thank you for bringing me here on behalf of Pohnpei State, FSM. I think this meeting is a historical meeting. It means a lot to me. We have talked about problems for the past two days and we have resources around this table. We need to put our heads together and help each other out. There was a Telehealth conference that was held several years back. After the meeting I thought, "How would I bring it to Pohnpei?" Through collaboration with UH

and University of Guam, they helped me to bring Telehealth to Pohnpei. And through this meeting, I met Jacque Spence, who has assisted us before, and also Carlotta. Regarding human resources, Dr. Dever is an expert in training doctors; I am one of his trainees. We share similar problems as the others like human resources, quality assurance, all of that. And I think we have good resources around this table that we need to utilize. Thank you all very much.

We have the same shortages of equipment, supplies and medical experts, and the lack of training. We recruited specialists like ENT and optometrists, but they were not equipped with the instruments that they need. And our ENT and orthopedic surgeon left because they got bored because they don't have the equipments to work with. So these are the problems that we are facing. We know our problems, but it's just that we have to have someone to work with, share knowledge, so that we can take care of our own problems. That's what I think. We have the resources amongst ourselves.

(Michael Epp) Okay, thank you Elizabeth. Carolyn, do you want to add anything?

(Carolyn Shrew, Administrator, Health Services, Kosrae State, FSM) Yes, thank you very much. And I want to apologize for Kosrae for not joining you for a long time. I came representing the Director of Health Services, Kosrae State, Donald Post. He is a retiree, Master Chief. He is busy doing his work there because we have many problems in Kosrae, and some of the problems are already addressed here.

One of the problems, you know, that is our challenge is the salary of our nurses and janitors and lab technicians. Nurses that work almost 30 years as supervisors are still being paid bi-weekly, \$329.00. So that's how they're being paid. And now the lab technicians; we really need them; they are being paid bi-weekly, \$104. They didn't want to come and work on our goals because they will spend one gallon of gasoline and in Kosrae, it costs you \$6.75 a gallon of gas. A sack of rice is \$34, and a case of chicken is \$24. So the salary there is a real problem.

And I'm wondering now why we didn't have a report in this nice book here (referencing the OIG report). And when I look at it, I think, "Oh, these states that got the report they are going to get lots of funds. So Kosrae will not get any funding because there is no report on Kosrae." I wonder why?

So this is what I want to share with you and, just like Elizabeth here, I want us to please work together. Kosrae is at the least advantage. For the supplies, right now we have only some supplies and equipment; they are still a problem. It is the shortage of personnel and the salaries that is the greatest problem. Thank you very much.

(Michael Epp) Thank you Elizabeth and Carolyn, your comments are very good background information for kind of an HRH recommendation talking about recruitment and the issues of salaries. Is okay if we just integrate that into that overall recommendation? (reply from the participants was, "yes"). Okay.

(Marina Tinitali, OIA-DC) What happened was the IG visited certain places and facilities. If they didn't visit them, then they didn't write about them. So if you're not mentioned specifically in the report, it is most likely that they did not come to your island to visit that facility.

(Michael Epp) Given the content, Carolyn, I think I would consider that a blessing. *[laughter]* Congratulations, you weren't included. Julio, do you want to comment? Is there any recommendations or issues that you want to integrate into this from the perspective of Chuuk?

(Julio Marar, Director of Health, Chuuk State, FSM) Thanks Michael, actually I think I'd like to allow my colleagues to comment, since I've had a chance myself to say something earlier.

I believe the same issues that were discussed earlier from others, I share with them all. Like the human resources problem; I agree with my colleague there from Pohnpei, sharing of your human resources among ourselves is an issue. There's an issue that I'm just facing at the moment now. I had two doctors that were invited to a presentation somewhere in Germany, some kind of meeting for surgeons, and they were invited to go there. For over two months, we've been looking for locals to come and replace them. Locally, we couldn't find any. We were going to Pohnpei, I know Yap and Kosrae are experiencing the same situation; they don't have the kind of expertise that we were looking for. We ended up inviting somebody from Papua New Guinea. I don't know why we went that far. We should have gone to Palau, or perhaps the Marshalls or CNMI. And it was my fault because I should have contacted you, Michael, to look out for anybody in the PIHOA jurisdiction that you can help us with.

These two surgeons were supposed to be gone for about two weeks. So, on Sunday, the guy that was supposed to come and take over for, in their absence, didn't show up. Because, I don't know, it was probably the arrangements for the tickets or what have you. I just received an email here that one of my doctors is staying back because the temporary replacement couldn't make it. The other doctor, he went all the way to Manila to try to obtain the visa, ended up turned down because he needs about more than a week to work for the visa. So we lost out on that opportunity.

I'm bringing up this example because we could have gotten to look around in the region for somebody to replace them. I should have come to PIHOA and asked for your assistance. Perhaps we could get a good arrangement through the system or through the organization. And I want to share this during this time that we are facing some issues or situations with this MDR, TB in Chuuk. I would like to acknowledge and thank CNMI for their response in coming, sending human resources assistance, and I know my friend here is ready to assist and we need assistance. If PIHOA, or anyone else in this forum, can come to Chuuk to help out in this situation that we are facing, we need human resources.

Again, everything that was shared earlier, we share the same needs in Chuuk. Thank you.

(Michael Epp) I know. Ryan?

(Ryan Edgar, DOI-OIA, DC) I have two points I would like to raise. Because I was only just hired two days ago, these are more personal and do not necessarily reflect the Office of Insular Affairs. I was hoping that at some point, these two issues would be brought about. They are maybe not necessarily recommendations, but I think they would be important. The first one touches on training. We were talking a lot about training, and I was thinking of different ways we can especially entice the younger generations since they will be the next group coming up to serve as doctors. Forgive my ignorance if such issues have already been resolved. But I'm thinking about college partnerships with UH and other universities where bridge programs would bring students out to the jurisdictions to provide services and, at the same time, receive on-the-job training. That's one such example. The second issue is fund raising. We've talked a lot about the issue of limited funds and resources, so how about empowering the local hospitals and community centers, giving them training so that they will have the skills to do their own fund raising to help their initiatives. Or look at private organizations or foundations that can help. So training or something along those lines to empower them in that way so they can look at other resources besides the Federal government for grants. Thank you.

(Michael Epp) Thanks Ryan. James Gilmar, Director of Health and Yap State, did you have any comments that you wanted to offer?

(James Gilmar, Director of Health, Yap State, FSM) Thank you. I think that all the things that have been said are very true in many of our jurisdictions, especially in the FSM. I know the lady from Kosrae is worried about not getting any money. I didn't see any picture of me up there so I guess I'm worried too that I may not be getting any money [*laughter*]. But we're all the same in the FSM. The idea of human resource development is a very real one, and while we were talking about it I kept wondering about where in the end we will find so much money to send our people to training. Also, I know that at least in the FSM there should be some more money somewhere for scholarships. And yet it's very difficult because the need is everywhere. And education has a role in there, but they don't have that money because their money is in research and development. So, it's a little bit tricky.

What I've done in the last few months is to talk to our staff to try to identify the immediate need in each of the different sections and areas including with the doctors, the nurses, all the way to the maintenance. Because we even have people from outside to do the maintenance work for our hospital, for some reason. So, if we come up with the need, I think while we are talking about the bigger picture of human resources development. That will cost a lot of money, and maybe we should be looking for a bigger part of money from somewhere. I've decided to sort of start small in Yap and try to work with the scholarship people and the educators with Department of Education to see if we could start locally with the small amount of money that we have for

scholarships. I think we should convince our leaders in the different jurisdictions to look at that because there's an immediate need; and maybe a need in the near future and the distant future. But in Yap, that's how I look at it. Thank you.

(Michael Epp) Okay, thank you James. I think the HRH section is going to be quite large because we've salary issues in Kosrae, recruitment issues in Pohnpei, the scholarship issues within Yap state. Okay, I just want to summarize in the next 15 minutes. The Virgin Islands, we welcome you into this dialogue, and we look forward to your future participation. We kind of want to give you, in terms of the discussion, sort of the last word, if you want to share any comments on this. And then what I would like to do is go over the recommendations fairly quickly, and then have a discussion on those recommendations...we only have about 15 minutes. So I'd like to turn it over to the Virgin Islands.

(Luis Sylvester, Health Policy Advisor to the Governor, US Virgin Islands) I just wanted to make two comments. It seems to me that the DOI has limited funding to help a lot of the issues that are being raised today. I think it would be beneficial if Interior could possibly approach some of the other Federal agencies, for example the Department of Education, to meet some of the education needs, and the Department of Health and Human Services. So maybe in that role, seeing what is available and can be used with the territory that can be a benefit. Also, I know in the territories with the US Department of Education funding we receive, the territories are allowed to consolidate our grants. We can take money from different program and do it under a consolidated grant. I was wondering if a concept like that could possibly be developed where instead of having to meet all the requirements of each particular grant given from a different agencies, that these smaller territories would be able to consolidate the grants and have more of an impact in terms of their health care needs. So that's just two comments that I would like to raise.

(Michael Epp) Thank you. That goes back to an earlier, I'm not sure that you were here, recommendation that DOI help relationships with other Federal agencies. We'll integrate that as a background into that recommendation. O.K., Julio's going to make the last comment and then I'm going to go over the recommendations real quick.

(Julio Marar, Chuuk State, FSM) Maybe it's not the right forum to talk here, but on a very smaller scale, if we can make it an extension of the next PIHOA meeting, I overheard somebody who was talking awhile ago. Going back to what the President, his Excellency, of the Marshall Islands was talking about, I think a lot of the areas in our jurisdiction share the very same problem. We're addressing nursing, we know there will be a nursing school coming up in some of the areas. What about – I'm looking back at the program that Dr. Dever was running in Pohnpei a while back, is there any possibility that we can revise this? Because, I don't know about you guys, but we're not going to have doctors in the next 10 years down the road.

(Michael Epp) Dentists...yeah. Okay, there are two of the NGO's that want to make some quick...well, you're not an NGO, but Sela, can you keep your comments brief?

And Cliff, you wanted to make a comment, and then I want to go over the recommendations.

(Sela Panapasa, University of Michigan) OK, I have 30 seconds and I promise I'll stick to my time. Two comments: I would like to echo Steve's remarks about establishing minimum standards for data collection and infrastructure – but please be very specific, it needs to be flushed out. What do you mean? When you talk about data statistics, we're talking about vital statistics, chronic disease, etc. And also, add a dollar amount. As a recommendation, DOI probably doesn't have the funds for it, but I would like to suggest providing a congressional mandate. To follow up on that point, I would like to share with the group that I had written language that got into the Health Disparity Bill for Congress – it's a congressional mandate for \$10 million to conduct a health survey of the Native Hawaiian / Pacific Islander population in the U.S. and each of the insular areas. The focus was on Native Hawaiian, other Pacific Islanders, but I think in discussing with Dr. Mills, we could also include the Virgin Islands because this is a problem too. So that is in the bill.

(Michael Epp) OK I'm going to be really strict here, we really have run out of time for future comments. Um, I do understand - Carmelo? Is that...wait did you want to make a quick comment and then I'm going to go over the recommendations and then we need to close.

(Carmelo Rivera, Chairman, Government of the Virgin Islands Health & Hospitals Facilities Corp.) This is just very quick. There is a comment that the Congresswoman (Christensen) made about residence, medical residence, working in areas where there is telemedicine. I think that this should be pursued because it helps out with the shortages we have for physicians and other allied people. Okay. That's it.

(Michael Epp) Okay, thank you everybody, good discussion, short amount of time, it's a little like speed dating. So, I'm going to go over the recommendations really fast, okay? And then let's look at some comments. Remember, this won't be – we're going to distribute these, we're going to do some email work. So first is...

1. The first one is to assist the jurisdictions with developing protocols, accessing and transporting, sorting, sort of the whole donated supplies resource that's available out there. Second, is to [interruption] oh, and amend the Denton Amendment, that's part of it. I will make sure that that's part of it.
2. Second is to provide equal emphasis on preventive care (although it's not politically popular), that's huge in primary health care, that's a huge component of particularly the pacific jurisdictions.
3. Three, assist the jurisdictions with coordinating the other Federal sectors, bringing them in to a more coherent approach, accessing their resources, so DOI can assist us with coordinating the various Federal sectors.

4. Fourth is the data issue, identifying minimum standards, both for data sets, and also for investment in health data infrastructure.
5. Five is to review the Medicaid Cap, including the cost share issue.
6. Six is to include the Virgin Islands in the processes. If there is an IOM report – before, it was just the Pacific – (a new study should) include the Virgin Islands.
7. Seven, comment on the OIG report. If not, rescind it, have some strong language in reference to that particular report.
8. Eight, to do some recommendations on future audit and reporting processes to ensure that there are protocols for reviewing drafts and commenting.
9. Nine (we've got 16 guys, so if there are any candidates for knocking those off [discussion in background]), support more Pacific driven technical assistance, is what sort of Pete had commented on, you know...find processes and mechanisms to ensure that technical assistance is more consistent with sort of local needs.
10. Ten, to support or assist the jurisdiction with developing both internal agreements and also to revisit some of the international issues with accessing the health work force – outside of the jurisdictions and within. Whether it's licensing agreements among the jurisdictions, or finding ways to bring providers from the Philippines for example, to Guam, etc.
11. Eleven, assist the jurisdictions with regard to health care financing. We might fold that into the Medicaid cap issue – and that's as Palau begins, for example, developing a system of health care financing to provide the appropriate technical assistance support as the freely associated states do this.
12. Twelve, increase access to VA resources, within the freely associated states, and I assume the territories as well.
13. Thirteen, support the health work force efforts of the PIHOA specific to the public health training program in the context of the community college programs.
14. Fourteen, support quality assurance development in the regions, not just PIHOA's efforts, but overall.
15. Fifteen, is this large HRH issue of essentially integrating and summarizing PIHOA's HRH recommendations in the context of this outcomes document, and there was a number of recommendations that Dr. Dever went over.
16. And number sixteen is the ownership issue of sort of insuring that as policy is developed, and as resources are allocated, that that is clearly a process that sort of

takes place within the context and the ownership of the local jurisdictions as they evolve. So kind of improving that connection of ownership.

So those are the 16 recommendations which we will have to sort of massage and send out on an email list. So I'm just going to open it up for comment.

(Justina Langidrik, RMI) Bulk purchasing.

(Michael Epp) Yeah, but I think that...I mean, Justina, do we want that as a recommendation for this overall group? I mean, one of the challenges even within PIHOA, in the discussion, was where bulk purchasing is going...and this was sort of my point, if we're making recommendations for the jurisdictions. A lot of these things are being discussed elsewhere and they need to be brought in maybe in a slightly different way. So, any comments before we close? We have a few more minutes.

(Vivian Ebbeson-Fludd, USVI) I just had a question in regards to the recommendations, and I know that you say that it is 16. As we look at the Joint Statement of Resolve, it might be very beneficial that as those items are separated, that the respected recommendations fall under whatever that resolve is.

(Michael Epp) So index this back to the resolution points.

(Vivian Ebbeson-Fludd, USVI) Exactly.

(Michael Epp) That's a good suggestion

(Vivian Ebbeson-Fludd, USVI) Yes, because I think what we've discussed in all the recommendations can really be platted under either of those resolves, and it really shows under the joint statement that was developed, that here are our recommendations, accordingly, and how they relate to the statement that has been unfolded today.

(Michael Epp) Excellent, thank you.

(Clifford Chang, Executive Director, Pacific Islands Primary Care Assoc., HI) There was a lot of talk about trying to get an IOM report, is this an appropriate place to...I mean, given the discussion around this report, that there be a suggestion or a recommendation that a new IOM or similar report be done?

(Michael Epp) Do we want to put that as a recommendation specific? [Group response - yes] OK.

(Stevenson Kuartei, Palau) Mike, I think many of these recommendations were made on the plenary. I think they are going to come out, so I think one of the things to do is frame against the resolve things, but also look at the report that is coming out of the plenary and if those same recommendations are there, that we group them and understand

that the came out of here. That way only those ones that were not mentioned in the plenary are highlighted as an outcome of this meeting.

(Michael Epp) OK. So to some extent, we can develop these now 17 recommendations. We will need an early draft of that to be able to massage those in a way to make them more effective and pulling out those ones that weren't discussed in the plenary sessions.

(Vivian Ebbesen-Fludd, USVI) I think one of the items was already on your 16 already the Virgin Islands and the IOM, so those two can be combined and so you're still at 16. And the Delegate (Christensen) did speak to that as well – and I know speaking with Dr. Dever we did have some discussions with her so she too can go ahead and push that issue.

(Michael Epp) That's great, thank you. Any other comments?

(Vidalino Raatior, Santa Clara University, CA) Is there any way you can expand, or have DOI invite other universities in the United States or here to participate in training.

(Michael Epp) PIHOA and a lot of the others in the regions have been doing that type of partnership. I think the DOI can provide some assistance, but I'm not sure that DOI's best situated. I think that, for example, the Pacific's Post-Secondary Education Council, which is the community colleges in the Pacific, might be better situated to sort of pull in the other universities in the U.S. and so on, so...Bill.

(Bill Gallo, DHHS-CDC) Michael, does this group, or should this group be involved at all or know that the Lieutenant Governor from Hawaii made a big pitch about compact impact and the inadequacy of funds? Is that something that this group should be at all interested or make a recommendation about?

(Michael Epp) So just for the record, what Bill's commenting on is should there be some sort of response to the Lieutenant Governor's comments – which I didn't happen to hear, but heard that he had some strong comments about compact impact and the responsibility of the jurisdictions in alleviating it.

(Stevenson Kuarte, Palau) I think the comments were for the leaders rather than for the health sector. One of things that did not come out of that, apart from the Lt. Governor of Hawaii, is that there is a negative impact in the island jurisdictions themselves. These are people that were given money to train, so we used the money to train from the compact funds, now they're working for the US government or the US and we are not getting compensated back the money that we used to train. But I don't think that is an issue that we should discuss; I think it's an issue that the leaders should address.

(Michael Epp) Last comment, we've got time for maybe one or two comments and then we're going to close.

(Dr. Greg Dever, Palau) You know the Secretary, through his signed communiqué here, has set up this thing called ‘ICAIHR’ the Insular Health Response Process and Task Force, we need to be at that table. The Pacific and Atlantic islands need to be at that table. Because we’ll have these Federal officials deciding this and that, we need to have input at that table. And more than just a JEMCO and JEMFAC.

(Michael Epp) OK. Any last comments?

(Marina Titali, OIA-DC) The working task force is set through the Intergovernmental Group on Insular Areas, with IGIA, expanded to encompass also the freely associated states. (added for Final Report: Per the Joint Agreement, the stated purpose identifies that the assessment of the health care needs will be “in consultation with appropriate leaders from these areas”.) So, this isn’t just a one-sided task force.

(Michael Epp) Great, fabulous, OK. Who, appropriately, would have the last word? Oh lets just give it to Marina here, who worked so hard in doing this...

(Vivian Ebbesen-Fludd, USVI) Can I just say something really quickly. It really, really warms our heart and I’m sure on behalf of Governor de Jongh, the people of the Virgin Islands, being able to partner with you, I think we have learned a lot by being here, and we look forward to continued conversions. I know Michael, that as we get off the mic, there are some questions I need to ask you in regards to participating in PIHOA and how that can be done, and partnering with you. We really, really welcome the opportunity. We depart back to the Virgin Islands on a very long flight tomorrow. But we will cherish this time with all of you. And we have your communication information and will remain in contact with you. We have also shared our communication information and please feel free to email us and contact us.

(Michael Epp) Wonderful [*applause*], we look forward to that discussion. We’re going to have rename ourselves to the Oceanic Health Officers Association...no...joking. Go ahead, I’m going to give the last word to Marina who has really knocked herself out this last month and who deserves a quite a bit of applause [*applause & clapping*]. This is a very stressful thing to undertake and she’s done a fabulous job...so here...

(Marina Titali, OIA-DC) I want to thank you all so much for your participation, your enthusiasm, your cooperation. This was so hard for me because I’m not the health person at Office of Insular Affairs, and I’ve enjoyed so much, meeting all of you. I want to say that OIA will hear you, and we will do whatever we can to help improve health care out in the Islands. I would like to introduce some of the OIA staff that are here because I want you to know that OIA has policy desk officers who are assigned to the different island areas and field representatives out in some of the island areas and we can all always be turned to for information and technical advice. For myself, I’m the Senior Policy Officer and I’m also assisting with American Samoa. And then, in American Samoa, we have a Field Representative, Lydia Faleafine-Nomura who’s been there for many, many years and works very closely with Patricia Tindall at LBJ. And then we have a new employee, Ryan Edgar, who most likely will be assigned as the Policy Desk

Officer for Guam, so that's somebody, another resource at our office. Francisco Taitano, who's out there folding flags so that PACOM doesn't send the military after for not returning their flags, Francisco Taitano is the Policy Desk Officer for the CNMI. For the FSM and for Palau, we have Tanya Joshua, who was here today. I don't know if you noticed, she and Lydia were passing the microphones during the meeting and she works very closely with both governments. For RMI, we have Joseph McDermott, who actually is our Policy Division Director, and he's been working with the RMI government ever since he started with Insular Affairs and he works very closely with the RMI government. (Added for the Final Report: We also have a new employee who just came on board, Basil Ottley, the Policy Desk Officer for the USVI.

I wanted to make sure that I give you this information so that if there's anything we can do in the way of follow up or something that you think is very important to come to our attention, you have us as a resource to send information to.

CLOSURE Added for the Final Report: Taken from the many times spoken by Secretary Kempthorne, from the Department of the Interior and the Office of Insular Affairs, thank you again for your dedication, your hard work and, in the midst of so many challenges, all of the wonderful things you do everyday to deliver health care services throughout the U.S.-territories and freely associated states.

End of session: September 30, 2008