

Statement

Of

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Wellness

Regarding

Health Care in the U.S. Pacific Territories

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Mr. Chairman and members of the Subcommittee on Human Rights and Wellness, I am pleased to appear before you today to discuss health care in the U.S. Pacific island territories of Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (CNMI).

I would summarize our assessment of health care issues in the Pacific territories with the following observations:

- We don't know enough.
- What we do know causes us concern.
- We see alarmingly high rates of diabetes, hypertension, obesity, and many types of cancer and other diseases.
- Lifestyle choices cause many of the diseases that afflict territorial residents.
- Problems are exacerbated by isolation and distance.
- Problems are exacerbated by migration.

We Don't Know Enough

It is no secret that health care in the Pacific territories of Guam, American Samoa and the CNMI faces many daunting challenges. One of the greatest challenges is the fact that the last comprehensive study on health systems and services in the United States territories and freely associated states (FAS) was published in the mid-1990s at the urging of the Congress by the Institute of Medicine. The comprehensive health care data we use today are dated and inadequate.

The Office of Management and Budget recently revised its Statistical Policy Directive No. 15 to require Federal agencies to disaggregate data on Pacific Islanders from data on Asian Americans. This new policy will not, in and of itself, ameliorate the paucity of good data on the Pacific territories. Since such a large proportion of residents of the Pacific territories are Pacific Islanders, however, disaggregation of data should certainly be helpful. The positive effects of the revision to Statistical Policy Directive No. 15 will hopefully become apparent as more and more agencies implement it.

What We Do Know Causes Us Concern

Existing evidence suggests that, contrasted with the general United States population, island communities face the likelihood of poor health. Other factors that contribute to

this prospect are economic hardship, poverty, joblessness and underemployment; limited access to primary care and specialty medical care; and underutilization of services.

Existing evidence also suggests that a number of dangerous diseases are more prevalent in the territories than in the fifty states, as I will discuss later. These health problems are exacerbated by a number of systemic problems that the island health care systems face.

- Geographic isolation is a major problem, which I will discuss more fully later.
- A perennial lack of funds is a problem for improving facilities, buying up-to-date equipment, purchasing sufficient supplies and drugs, and paying for off-island medical referrals.
- The retention of well-educated health care professionals is a problem due to low pay vis-à-vis the fifty states.
- An economic downturn like that experienced by Guam and the CNMI as a result of the mid-1990s Asian economic crisis means that local government funds are less available for all government activity, including health care.
- Poor persons often have unattended health problems. The territories' large populations of poor persons have increased in recent years due to the economic downturn in Guam and the CNMI.
- The tradition of virtually free health care in American Samoa and sizeable subsidies in Guam and the CNMI impedes investment in health care in the territories.
- Inadequate health care bill collection efforts also impede the accumulation of funds for health care.
- The territories' still-developing health care management systems have not efficiently allocated the limited health care resources that are currently available.
- A lack of political will in the executive and legislative branches of territorial governments to impose health care cost recovery on patients either through direct billing or through the utilization of health insurance translates into fewer health care resources.

As these observations indicate, the Pacific territories face intimidating health care challenges -- some are extraordinary and not of the territories' own making, and some the territories are responsible for. The bottom line is that the territorial governments function much like state governments, which means that solutions to problems rest with the territorial governments themselves. Unlike the states, Medicaid reimbursements to the territories are subject to caps. Guam receives a maximum of \$6.68 million a year, American Samoa \$3.95 million, and the CNMI \$2.38 million.

The Department of Health and Human Services (HHS) provides a number of grants for specific purposes to each of the territories. Most HHS grants are targeted in the areas of public health, primary care and preventive services, maternal and child health, and bio-terrorism preparedness.

Alarming High Rates of Diabetes, Hypertension, Obesity and Cancer

Like the general United States population, island communities suffer diseases related to the cardio and cerebrovascular system, cancer and injuries. Smoking is certainly a factor for heart disease, as are high blood cholesterol, hypertension, and physical inactivity. Nutritional diseases such as diabetes and obesity are also leading causes of death in the islands. Poverty often exacerbates nutritional diseases such as diabetes and obesity.

Lifestyle Choices

Of the serious diseases faced by the residents of the United States territories, many are chronic diseases precipitated by lifestyle choices. A number of the health problems I just discussed are related to diabetes and obesity. Diabetes is an insidious disease, which, if left uncontrolled, can kill. It kills adults in the most productive years of their lives. The chronically ill are burdens on both their families and their health care system. Obesity is one of the major causes of diabetes and other life-threatening diseases in the islands. Over the last 50 years, our island populations have increasingly adopted our mainland diet, with its emphasis on processed foods that are high in fat, high in carbohydrates, and low in fiber. Island residents have also moved toward more sedentary work.

Smoking is another major risk factor. While there is little concrete information on smoking in the United States territories, anecdotal information may show it to be quite prevalent. It, of course, is widely known to cause lung cancer and other disease.

The good news in all this discussion of diabetes, obesity and smoking is that lifestyle choices can eliminate the diseases for many and moderate them for others. Thus public education, including saturation public service announcements like those in the fifty states against smoking, could have a salutary effect, over a period of time, on the health of island residents. Educational efforts, therefore, could produce positive health results.

Problem: Isolation and Distance

As I discussed earlier, the lack of funds dedicated to health care is an overarching problem. Isolation and distance from metropolitan centers contribute significantly to this

deficit in resources. In the territories, problems are magnified due geographic isolation:

- Shipping costs are vastly increased for all things needed by island health care systems.
- It is difficult to attract off-island doctors, nurses and other personnel to the respective islands on a long-term basis.
- Off-island medical referrals for specialized treatment consume large portions of a territory's health care budget.
- The acquisition of technical assistance for solving health care problems usually involves inordinate delays and complications.

The Effect of Migration

In addition to the diseases I noted earlier, air travel makes the territories more vulnerable to infections from the outside that further burden already overburdened health care systems. Approximately 17,700 persons born in the country of Samoa live and work in our territory of American Samoa. Under CNMI law, 30,000 citizens of Asian countries (now 43 percent the CNMI population) have been admitted for work in the Commonwealth. While these alien populations bring benefits to the territories in which they reside, they also bring health care concerns and burdens. Their health care is costly for the territories. In addition, diseases such as tuberculosis and measles, which are less controlled in third world countries than in the United States, make appearances from time to time in the territories. They must be dealt with on an emergency basis.

Eighteen years ago, under the then-new compacts of free association, citizens of the freely associated states (FAS) began entering Guam and the CNMI for work and residence. Approximately 6,900 FAS citizens are now in Guam and 2,100 in the CNMI.¹ FAS citizens appear to suffer similar causes of death as residents of the United States territories: heart and vascular disease, cancer, and accidents. Additionally, respiratory disease seems to be more prevalent in the FAS than in the United States territories. Marshallese women have five times the breast cancer of Caucasian women in the United States and 75 times the cervical cancer. With FAS migration, the health problems of the FAS become the health problems of the Guam and the CNMI.

Over the next twenty years, the Office of Insular Affairs will provide assistance to the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI) that we believe will provide an indirect benefit to Guam and the CNMI. The amendments to the compacts of free association for the FSM and the RMI include a special sector grant for health for each country. Health, along with education, will get top priority. For fiscal year 2004, the amounts dedicated to health will be \$15.4 million for the FSM and \$6.9 million for the RMI. These targeted health funds are intended to

¹ These FAS citizens are post 1986 entrants and do not include children born in a United States jurisdiction.

improve the health of the citizens of the FSM and RMI in their home countries. Assuming that compact funding brings improved health, education and economic opportunity to the FSM and RMI populations, there will be two correlative benefits for the United States: (1) fewer FAS citizens may find it necessary to migrate to United States jurisdictions like Guam and the CNMI, and (2) those FAS citizens who do migrate will likely be healthier and less of a burden for the United States jurisdiction in which they live.

INTERIOR ASSISTANCE

The Office of Insular Affairs in the Department of the Interior administers a technical assistance program to benefit territories. For fiscal year 2004, \$10.4 million was appropriated for the program. The funds are used for a wide variety of requests, usually from the territorial governors, including health care. Our technical assistance grants are supplemental funding, not major sources of funding for the territories' medical or public health systems. Our technical assistance program is intended to provide funding for urgent needs where local funding is not available.

The following technical assistance has been provided by the Office of Insular Affairs in the field of health care:

- For American Samoa, funding has been provided to improve financial management with links to patient records and billing.
- For Guam, funding has been provided to help the territory, in times of economic crisis, to care more efficiently for the medically indigent.
- For Guam and the CNMI, funding has been provided to improve the health screening of new alien workers for diseases such as tuberculosis.
- For all Pacific territories, funding has been provided for five years to prevent and control viral hepatitis infections, and to refine and integrate hospital and public health emergency plans and develop plans for bio-terrorism alerts and drills.

Interior's technical assistance program is well received in the territories. Our assistance programs and HHS grants, however, are only a small part of an individual territory's health care financing. Mr. Chairman, I hope that the information I have provided today is of aid to the Subcommittee in its consideration of health care in the U.S. Pacific island territories. Their situation geographically, and in the American political family, is indeed unique. Your interest in the territories' challenges is very welcome.