

## **Investigation into Health Care Disparities in United States Pacific Island Territories**

Testimony presented to the Wellness and Human Rights Subcommittee, House  
Committee on Government Reform

Submitted by

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Honorable Mr. Chairman and Members of the Committee, I thank you for the opportunity to participate in this hearing on health care disparities in the U.S. affiliated Pacific jurisdictions. I am providing information, supporting the testimony submitted by our Guam Governor, the Honorable Felix Perez Camacho. My name is PeterJohn Diaz Camacho, Director of the Guam Department of Public Health and Social Services.

The mission of the Department is to assist the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare. Our island's leadership, under the direction of Governor Camacho and the Honorable Lieutenant Governor, Kaleo S. Moylan and with the assistance and cooperation of the Twenty-seventh Guam Legislature has indeed made the health of our island's people, one of the top priorities of our government.

Many communities across our country face challenges both in providing access to health care for its citizenry as well as making every effort to keep those costs affordable. Guam also faces these challenges. As Governor Camacho has stated, Guam's population is small; geographically and resource-wise, we are thousands of miles from the nearest state; and because of the wonders of travel, we are "America in Asia", close to areas where deadly illnesses of global impact (SARS and Avian Influenza) have been identified and are major concerns for the world at large.

The Department of Public Health and Social Services provides a wide array of medical and social services to the people of Guam. These services are provided through three primary facilities, these being the Central, Northern and Southern health centers. In addition to the primary care services provided through our Northern and Southern Region Community Health Centers, we also provide preventive public health services such as immunizations, screening for diseases, prenatal care, health education, environmental health services, island-wide public health nursing as well as traditional public health functions such as surveillance of diseases, tracking of the health status of Guam residents and safeguarding the vital statistics registry. Our social service programs include public assistance programs such as Food Stamps, Cash Assistance, Medicaid and the Medically Indigent Program as well as programs for our elderly/senior citizen population.

While Guam's top leading causes of death seem similar to the United States, there are disparities for certain disease conditions. Our diabetes prevalence rates for the entire adult population of Guam have ranged anywhere from 25% to 46% higher than those in the United States. In 2003, our adult diabetes prevalence rate was 10.1% as identified through our Behavioral Risk Factor Survey System project. The rate in the indigenous Chamorro population increased from 9.7% of adults in 2002 to 13.4% in 2003! This situation has serious implications and will impact our health care delivery system when diabetes and its associated complications are considered. During 2003 meetings of the Pacific Island Health Officers Association (PIHOA) with CDC officials in Atlanta, and later with HHS, HRSA and DOI officials in Washington, DC a "War on Diabetes" on the Pacific region was declared. There was an increase in diabetes funding that year, in the amount of an additional \$200,000.00. While any increase is welcomed, when you have an illness that conservatively affects over 10,000 adults on Guam, we are challenged to get bigger and better outcomes for a small increment.

Cancer is also a major cause of concern for Guam. When our cancer incidence rates are age-adjusted, we see that our liver cancer rates for both men and women are double to triple those of the United States. Our oral and stomach cancer incidence rates for women are higher than the United States as well. This is a serious concern given that the island has no oncology radiation services. Patients with these illnesses must travel off-island for care at great expense, even if the individual has medical insurance. Additional costs can include funding for an accompanying family member/care giver.

Communicable diseases also still are of great concern to Guam. Our Tuberculosis (TB) rates continue to be higher than that of the United States. A review of reported TB cases from 1992 through 2003 shows a gradual increase from a low of 51.3 per 100,000 in 1992 to a high of 78.7 per 100,000 in 1996. With the implementation of the Directly Observed Therapy (DOT) program, we have seen a steady decline of reported active TB cases to a low of 37.3 per 100,000. While this decline is good news, the sobering fact remains that Guam's TB incidence rate is still significantly higher when compared to Hawaii separately and the United States. In 2002, Guam's TB incidence was 40.4 compared to 11.9 for Hawaii and 5.2 for the United States.

Since 1994, there have been three Measles outbreaks on Guam. During the 1994 outbreak, there were a total of 228 confirmed cases and three deaths. During the 2002 outbreak which occurred between March and May, there were a total of 9 confirmed cases. During the August 2003 outbreak, there were a total of 7 confirmed cases. While these numbers seem low compared to the 1994 crisis, the total number of suspect cases, contact tracing, village surveys and manpower efforts are substantial because staff were pulled from regularly assigned duties to assist in the control measures that needed to be implemented. What makes these three outbreaks very sad is that this is a vaccine preventable illness. Because of diminishing economic resources in the past and other

competing health care programs, the unfortunate fact is that immunization services were significantly decreased during the intervening years, thus increasing the susceptible population for these types of diseases.

Our proximity to Asia also lends itself to increasing our vulnerability to communicable disease outbreaks that have ravaged many parts of Asia in the past year. Examples of these include Severe Acute Respiratory Syndrome (SARS), Type A Fujian influenza, and now, Avian influenza. This particular vulnerability has not been recognized as quickly as Guam has needed. While much attention has been paid to issues relating to “border states”, Guam being Asia’s gateway to America has received little to no attention on this particular subject. With many Asian countries only hours away, importation of communicable diseases can be relatively easy.

The threat of agents of Bioterrorism and Weapons of Mass Destruction to Guam also exists. While in the parlance of the law enforcement community, Guam’s threat level is low, the vulnerability is high. We all know that terrorist cells or groups with links to known terrorists can be found two to three hours away from Guam.

Our three primary public health centers were built many years ago with federal assistance. As our population has grown, we have overwhelmed the available space capacity. We have programs and services that are cramped in to existing spaces, literally from the floor to the ceiling. In some cases, due to the nature of certain communicable diseases and because of inadequate infrastructure services such as ventilation systems, we cannot be sure that the health centers are not adding to the risk of exposure to airborne pathogens for staff and patients/clients alike.

The Department administers both the Guam Medicaid (50%-50% federal/local match) and the Medically Indigent Program (MIP - 100% locally funded). During FY 2003, the Medicaid program spent over 15 million dollars. The number of eligible clients was 22,719 individuals. For MIP, expenditures were 17 million dollars and 9,940 eligible clients. In FY 2003, according to the BRFSS survey instrument, 21% of adults reported themselves as having no insurance. This translates to 21,773 individuals. These individuals would not be able to get medical attention from a private provider unless they paid out-of-pocket. The alternative options for these individuals would be to seek care from either the hospital or through the department’s Northern or Southern Region Community Health Centers.

Another factor that Guam faces because of its geographic location is its physical “isolation” from Hawaii or the continental United States. Because of this distance, the operational costs on Guam are significantly higher than elsewhere because of the shipping costs. During a disaster, it generally takes several days for assistance to be mobilized from other areas. This means that for the period of time until off-island help

arrives, Guam is essentially on its own and our scarce healthcare resources would be consumed relatively quickly. Our own native supply of healthcare manpower also faces serious external challenges. It is quite common in recent years for U.S. mainland recruiting firms or actual healthcare organizations to come to island and actually hold job fairs for critical health professionals. Enticements such as salary compensation packages, signing bonuses, assistance with relocation costs and other benefits result in Guam continuing to lose health professionals from a system that is already short.

I respectfully offer some thoughts for consideration by this august body. I have had the good fortune to have worked at our island's only civilian hospital and the Department of Public Health and Social Services, so I am aware of the operations of two sectors in the healthcare delivery system. We know that acute care is an integral part of any system of healthcare services and we also recognize the costs of providing this level of care.

Working in the public health sector has really brought home the real meaning of the old adage, "an ounce of prevention is worth the pound of cure". Despite the challenges faced at the Department, we know that prevention efforts can really make a difference in healthcare expenditures and actually, across almost anything we deal with in our daily lives. We know that if we provide good preventive maintenance on our cars or equipment, we can increase the life of that object. Why not then health? If we invest equally in preventive health efforts, in the long run, we can decrease our acute care costs provided we are successful in putting out that prevention message. Acute care will always be needed and respectfully request your consideration of our hospital's needs.

One real way to do this is to increase the level of federal funding provided in our grants. One option is to increase the floor amounts of grants that are allocated to Guam and then applying population-based formulas, plus additional percentage factors for geographic distance and cost of doing business for the distribution of the remainder of grant funds. Applying this concept to all federal grants awarded to Guam would have a tremendous positive impact. Another avenue of action that would positively impact our ability to provide health and human services is funding to upgrade our aging facilities through an activity like the Hill-Burton program.

Modification of or removal of the Medicaid "cap" is also an option that would improve the quality of life for many individuals by allowing them to participate in services paid for and also allow for possible expansion of services. The most important consideration is how to improve the quality of life for eligible individuals through program participation and expansion of covered care.

One other area for consideration is to enhance healthcare manpower pool through funding of programs that would assist Guam in developing a healthcare workforce to meet our needs. This effort could be supported through programs developed in

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coordination and collaboration of our institutions of higher learning and the Department of Education. The results of these would be seen in the future.

I am grateful to the Chairman of the committee for extending this opportunity to our Governor and the Department of Public Health and Social Services to provide input to Congress on some of the major challenges and disparities facing our people and the healthcare delivery system that provides critically needed services. Success will be measured by the extent of collaboration between Guam and our federal partners and, with great hope, across the board increased federal funding for our health and human services programs.

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### **ADDENDUM**

Honorable Mr. Chairman and Members of the Committee, please accept my apologies for submitting this addendum to my original testimony. In wanting to take advantage of this rare opportunity to share information on Guam's situation, I inadvertently left out another very important health disparity that we face.

Since 1988, Guam was designated by the Department of Health and Human Services as a "Health Professional Shortage Area (HPSA)". This designation is based on criteria established by regulation. The authority for designation of HPSAs is delegated to the Bureau of Primary Health Care's Division of Shortage Designation. HPSA criteria require three basic determinations for the geographic area request: (1) the geographic area involved must be rational for the delivery of health services, (2) a specified population-to-practitioner ratio representing shortage must be exceeded within the area, and (3) resources in contiguous areas must be shown to be over utilized, excessively distant, or otherwise inaccessible. Our last update was in 1999 and we are due for a review in 2004. Based on all the challenges we face, we believe Guam will continue to maintain this status as a HPSA.

The Conrad 30 or J1 Visa program for healthcare practitioners is also available to Guam. There was a certain amount of interest in the early days of the program but we have not exceeded the limitations of the program in the past two years. So in addition to the additional pressures exerted on our healthcare delivery system when we lose health professionals to organizations coming to recruit with attractive packages, we struggle with an existing shortage in the first place.

A consideration to address this disparity could be the use of the National Health Service Corp scholars and other recipients of federal funds/assistance for medical and dental education to serve in Guam for a period of time at our Community Health Centers. This would augment our shortage of primary healthcare professionals. This is especially important since we will be starting a program of providing primary health care services to eligible clients in our Medically Indigent Program. These individuals are unable to obtain medical care from private providers.

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Again, I thank you for this honor and opportunity provided to U.S. Pacific jurisdictions to share the serious and many health challenges we face. It is our hope that this sharing of information will result in positive and concrete actions to address the concerns and to eliminate health disparities for our people.