

Health care in Pohnpei: the challenges

THE HONOURABLE DEL PANGELINAN *

I value this opportunity today to celebrate with the members of our community this Fourth Graduation of the University of Hawaii's Pacific Basin Medical Officers Training Program (PBMOTP) and I welcome the many honoured guests - some of whom who have travelled from afar - to our lovely island of Pohnpei. I sincerely hope you enjoy your stay here.

As Governor, I have been given the awesome responsibility to promote and improve the overall well being of the people of Pohnpei. It is not a responsibility that I take lightly. At the same time I know that we as a State and as a group of communities within the State have many challenges before us - particularly in the areas of health and education. The tasks before us are sobering.

However, first, I would like to say that today we have reason to celebrate. To improve our health care system we must have a well trained health workforce. In any health care system it is the men and women who work in the dispensaries and the hospitals who are the system's most valuable component. Today, we are about to witness the graduation of eight new Pacific physicians who come from the FSM, the Republics of the Marshall Islands and Palau, and from American Samoa. Among these graduates is another Pohnpeian doctor. I congratulate him and all the graduates and, especially, their families who have supported them through five long years of difficult studies. I am also proud that Pohnpei State has been the main island host for this training program since 1986 and that the Pohnpei State Health Services has helped the University of Hawaii produce 45 graduates to date. By the end of this year, about 74 Micronesian and American Samoan physicians will have graduated from the program. Given the fact that very few Micronesians have graduated from any medical school in the last 30 years, this is a remarkable accomplishment.

*Governor, Pohnpei State, Federated States of Micronesia (FSM). This was the keynote address at the fourth PBMOTP graduation, 7 February, 1996.

And while I am on the subject of doctors, I would like to formally welcome back Dr. Johnny Hedson who has just completed his Masters in Surgery at the University of Papua New Guinea Faculty of Medicine. There, he was the top student in their surgery program and received the surgery gold medal. We congratulate you on your successful return from postgraduate studies and look forward to the time when the PBMOTP graduates start returning from their specialty training studies to provide the expertise that we need among our islands.

I also want to thank the John A Burns School of Medicine for providing over 30 long and short term physician specialists who have - in the context of medical education - provided direct medical and community health services to the people of Pohnpei over the last nine years - at no cost to the good people of this state.

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This partnership between Pohnpei State and the University of Hawaii has been very fruitful and we in Micronesia and American Samoa will benefit - for years to come - from this harvest of trained health professionals.

So I congratulate you graduates and I ask that you not forget to thank those individuals in Pohnpei State who have helped with your education - our local doctors, Medexes, and nurses, and all the other members of our health care team. Additionally, I especially ask that you do not forget the communities - the traditional leaders and chief magistrates - and the many Pohnpeian patients who have helped you to become physicians.

Now I would like to make a few comments regarding the health of our people and the health care system here in Pohnpei State. As I said, we have many challenges before us. When the Federated States of Micronesia became a newly independent country in 1986, Pohnpei inherited a health care system passed onto it by the Trust Territory Administration. We were saddled with both under-and-over development. The underdevelopment was characterized by undermanned and undertrained health care workforce, inadequate and aging facilities, a chronically disorganized supply system for drugs and equipment, and a lack of focus on how to provide basic health care services for all of the people of Pohnpei. On the other hand the overdevelopment had to do with 30 years of raised expectations that we

were administered by the richest nation in the world and would achieve a level of health care comparable to that of the U.S.

Unfortunately, during this period, we developed an excessive overdependence on expensive off island medical referral which was not such a problem when the Department of Interior repeatedly paid our health budget overruns. However, now, we must pay these increasing off island medical referral costs from our decreasing Compact resources and other non-compact revenues.

Furthermore, when I examine our health care system, I see that many of our citizens, particularly the majority who live in rural areas, have either no or poor access to primary or basic health care services in their respective communities. The hospital itself is plagued with chronic shortages of essential drugs, laboratory supplies, and basic equipment. In reviewing how the health care dollar is spent, most of it is expended on hospital services for a small but deserving minority. About 20% of the total health care budget is spent on off island medical referral for less than 1% of the population. Very little of the health budget is actually spent to provide basic curative and preventive services for the majority of our population. From the regular health care budget in 1995, about \$120 was spent on each Pohnpeian. On average, for the 56 people who were funded by Pohnpei State for off island medical referral - less than 1% of the population - about \$15,000 was spent on each individual.

Very little of our health care dollar is spent on primary health care services. I therefore am not surprised that we have excessively high rates of infant mortality, high rates of malnutrition and Vitamin A deficiency among our children, suffer from vaccine preventable diseases, and that there are excessive rates of heart disease, strokes, lung disease, and diabetes among our adults. Although these adult diseases are caused by unfavourable lifestyles - smoking, overeating, excessive alcohol, fat, and salt intake, and lack of exercise - very little of the health care dollar is spent in discouraging our adults from these negative and expensive lifestyles which are causing death and suffering in epidemic proportions.

I am not surprised that many people are frustrated with our health care and have lost confidence in this system when they cannot receive basic services in their communities or receive adequate services at our hospital. And I am not surprised that this lack of confidence increases the pressure for the population to demand more expensive off island medical referral - which will further prevent our health care system from any chance of improving.

People are angry at the members of our health workforce because of the lack of services. If our professionals are late or act in an unprofessional fashion, then there is cause for frustration. However, I know that the physicians, nurses,

and other members of the health workforce are truly concerned about the well being of the people they care for and are also concerned that the health system falls short of the community's expectations. However, we should not blame the faults of the system on the workers. Our system has been chronically underdeveloped and underfunded. About one fifth of Pohnpei State's total health budget is being spent in Honolulu and Manila on less than 1% of our population. The fact is that every government health dollar spent in Hawaii and the Philippines is a dollar lost to the development of our health system on Pohnpei. This is a critical and urgent issue for the leadership of our State and Nation to resolve.

What are the solutions to these complex and emotionally charged challenges? We are stuck with the legacy of the underdevelopment of our health care system, the increasing problems of Westernization, and an ethic of expensive off island medical referral.

How do we balance equity in health for all our citizens with compassion for the deserving few? It took us 30 years to get to where we are and now its going to take a while to find and implement practical solutions. Our resources are finite and decreasing. Unless we change our negative life styles and reorient our health care spending, our primary and hospital health systems will continue to be underdeveloped and fall short of providing the services which our citizens deserve. If we continue to spend a major proportion of our health dollar outside of Pohnpei, more and more of our citizens in Pohnpei will suffer.

For the first time in modern history, we, the people of Pohnpei, are in control of our own destiny. We will be challenged to make hard decisions which will benefit the majority in an equitable fashion. We are challenged to do more but spend less. However, I believe in my heart that we have what it takes to meet these challenges to not only live more healthy life styles but also live within our resources and make the changes within our health care system that are both practical and compassionate.

I encourage us all to look toward a brighter future for health and well being in Micronesia. With the continued hard work of own health care professionals and the courage to make the necessary changes in our health care system, we will see a healthier and more productive future. I ask that all our citizens and friends to join me and these new doctors who have graduated today, in addressing these most important challenges. □