

# Today's health – tomorrow's wealth: the fourth annual PBMA conference, 1998

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## Introduction

In spite of the El Nino-related state of emergency declared recently in drought-worn Chuuk State in the Federated States of Micronesia (FSM), and Continental Airlines lack of attention to travelers' baggage, 45 regional physicians and more than 20 nurses and other the health workers convened on 16-18 February 1998 to participate in the 4<sup>th</sup> Annual Pacific Basin Medical Association (PBMA) Conference. Hosted by the Chuuk Medical Association. The theme of the conference – "Today's Health – Tomorrow's Wealth" – presented an ambitious agenda which addressed a broad range of medical, economic, and social issues which confound the equitable and just availability of and access to basic health care services for many communities and individuals among the countries of the Pacific. The Conference was opened by Chuuk Medical Association President, Dr. Kennedy Remit, who introduced Chuuk State Governor Ansito Walter, who in turn, on behalf of the people of Chuuk, warmly welcomed the conferees to the meeting.

## The Meeting

The keynote address, which set the tone for the conference, defined the concept of the principle of First Call – a central tenet of the Convention on the Rights of a Child<sup>1,2,3</sup>. Dr.

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Ezekiel Nukuro of Unicef/Pacific Islands explained that the principle of First Call was that the best resources of a nation – in good times and bad – must be marshalled to protect the health and well being of children and their families. This presentation was linked to a presentation by FSM Secretary of Foreign Affairs Epel Ilon, who explained the process of the upcoming political re-negotiations with the United States Government. Currently the FSM and Republic of the Marshall Islands are experiencing step-downs of their resources in their respective Compacts of Free Association, which will diminish to zero by the year 2001. Already the step-downs are having adverse affects on the provision of primary and secondary health care services which are seen as prime strategies for implementing the principle of First Call.

Malnutrition continues to be a problem in Micronesia but there is some good news<sup>4,5,6</sup>. Dr. Yosteru Yichero gave an

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update on the Chuuk State–Unicef Vitamin A Deficiency and Vermox (VADAV) program. He was assisted by Dr. Guy Hawley of Fiji, the Unicef Program Consultant for the Chuuk program. Chuuk State, which has had one of the highest documented VAD rates in the world, initiated the VADAV program in 1993. VAD, which is caused by not eating enough green and yellow vegetables, is not only the cause of night blindness

but also contributes to premature infant and child death rates related to diarrhea and respiratory diseases – common in developing countries. Dr. Yichero explained that now between 70-95% of children 1 to 12 years of age receive orally a 200,000 U of vitamin A capsule every 6 months along with a deworming Vermox (mebendazole) tablet as part of the VADAV campaign. Additionally, of children surveyed with a one-week dietary recall histories, up to 70% of children now eat vitamin A adequate diets. Mentioned also was that the VADAV program was fortuitously started just before a 1994 measles outbreak in Chuuk in which over 900 cases and 15-measles related deaths were reported. It was predicted that had the VADAV program not been initiated, the measles death rates would have been perhaps higher. Chuuk State is understandably proud of its efforts to reverse the VAD

problem and is working on the dietary and social mobilization strategies to change departure from traditional diets, all of which have contributed to the current malnutrition.

Another constraint to First Call is the excessive extra-pulmonary tuberculosis rates found among children in the FSM. As children do not give other children Tb, it is a reflection of community Tb rates that are out of control. A Conference mini-workshop addressed the need to harmonize the apparent historical differences in TB treatment and control offered by WHO and CDC consultants specifically regarding the use of BCG immunization – especially in populations that do not have well developed primary health care (PHC) systems. Both WHO and CDC representatives were invited to the meeting but did not attend. The interactive discussion, which included PBMA members from the Republic of the Marshall Islands and Palau and all the states of the FSM, was moderated by Dr. Sitaleki Finau, Department of Maori and Pacific Health. Obvious in the region is the lack of uniformity of TB treatment and prevention protocols – especially the use of BCG. Historically there is resistance to the use of BCG by now senior health managers who in training programs decades ago were discouraged to use BCG to prevent extrapulmonary TB in areas where PHC services and TB control are poorly developed and TB is out of control. After presentations by local physicians regarding their experience in TB prevention and treatment, the PBMA membership agreed to have follow-up Peacesat conferences to study a discussion document on the matter. This document will be prepared by Dr. Joseph Flear, a well known regional pediatrician and Coordinator of the Medical Graduate Support Program.

Yet again, the PBMA addressed a further constraint to First Call: the continuing problem of precious resources – up to 60% of total health care budgets in some islands – being expended on less than 1% of the population in the face of general shortages of essential drugs and medical supplies for the many. While 45 doctors were meeting in Chuuk, children at one of the regional hospitals were not being adequately treated for life-threatening infectious diseases because common IV antibiotics – costing 40 cents a vial – had been “out of stock for months”. In spite of the discussions at previous PBMA meetings, the problem persists. One commentator addressed the audience of frustrated physicians and stated, “We are waiting for you to get angry”.

In a special presentation, Fr. Francis X. Hezel, S.J., Director of the Micronesian Seminar, an NGO based in Pohnpei, gave a summary on the process and recommendations of the recently completed study by the Institute of Medicine (IOM)

regarding health services in the U.S.–Associated Pacific. Fr. Hezel, who was a member of the IOM committee that wrote the report, explained that the study **Pacific Partnerships for Health – Charting a Course for the 21<sup>st</sup> Century** was commissioned by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services to collect and review health data on the region, develop assumptions about the need for health benchmarks, assess accomplishments of the efforts to address the health care problems, and develop a strategic plan to both reinforce regional health service successes and address problems and inadequacies. The PBMA membership were given summaries of the IOM report and agreed to enter into follow-up discussions via Peacesat satellite to contribute specific sug-

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gestions to the broad IOM study recommendations. These suggestions would be presented by PBMA representatives at the HRSA-sponsored Pacific Basin Health Summit which will convene on 16–18 March 1998 in Rockville, Maryland.

In one morning session the Charter Advisory Board Meeting of the Western Pacific HealthNet was brought to order. The meeting entitled “Telehealth and Telemedicine in the Western Pacific” was presented by the Secretariat of the WPHNet and staff from Tripler Regional Medical Center (TRMC) representing the Pacific Health Care and Akamai Programs. The WPHNet is the telehealth and telemedicine initiative of the PBMA to promote access to and the use of low cost technologies for communications in health<sup>7</sup>. Initiated in 1997, the WPHNet has been promoting email and Internet connectivity for the health workforce – and has developed a memorandum of understanding with 24 user and resource institutions throughout the Pacific to develop the WPHnet. TRMC has been a driving force in the development of the appropriate use of telemedicine technologies and process among the US–Associated Pacific Islands and is an enthusiastic member of WPHNet. The Advisory Board meeting included presentations by WPHNet Director Dr. Victor Yano, Coordinators Drs. Jan Pryor and Greg Dever, TRMC Pacific Health Care Program Director Col. Donald Person, M.D., and Akamai Project Manager Rob Whitton. This was followed up with a presentation by University of Guam Nursing School Dean Dr. Maureen Fochtman who spoke about the distance learning program that her program is providing nurses throughout Micronesia using Peacesat satellite technology<sup>8</sup>.

An outcome of the Advisory Board Meeting was a memorandum of agreement between the TRMC Akamai Program and the PBMA to test new state of the art telemedicine equipment in Micronesia. The PBMA accepted about \$60,000 worth of telecommunications equipment and in turn gave it to the Presidents of the Belau Medical Society, the Chuuk and

Pohnpei Medical Associations, and the Doctors group from Majuro Hospital to take back with them in order to promote their local telemedicine efforts. Additional agreements between Akamai and the Micronesia Human Resource Development Center – the PBMA Secretariat – are being developed to train and support the use of this telemedicine equipment for distance medical consulting and learning.

Other topics presented by regional physicians included updates on the FSM-WHO leprosy elimination project, country NCD updates, and a dental health update in Chuuk. The CME part of the conference closed with a presentation by a team from the Fiji School of Medicine on the new postgraduate training programs that are currently running or about to commence at the Fiji School of Medicine<sup>9</sup>. The team included Dean Dr. Jimione Samisoni, Deputy Dean and Postgraduate Training Director Dr. Wame Baravilala, and Dr. Frank Piscioneri, the Coordinator for the Royal Australasian College of Surgeons (RACS) contract which is helping to fund the postgraduate training program. The PBMA manages a start-up grant from the US Department of Interior which has assisted the postgraduate training infrastructure development at the Fiji School of Medicine and complements the more substantial Australian aid program from the RACS. Currently Fiji offers Diploma and Masters programs in Child Health, Obstetrics and Gynecology, Anesthesia, Surgery, Internal Medicine, and Orthopedics. A new program called Rural Medicine is being developed which recognizes the advanced training needs for general practitioners. This course is being developed to address the needs of the many Pacific physicians who do not practice at central hospitals and need advanced training to address a broad range of clinical and community health skills to meet the demanding health care needs of their rural populations.

The Conference ended with a prolonged business meeting which addressed various issues including membership, the relationship between the regional PBMA and its affiliate country medical associations, how to respond to the upcoming Pacific Health Summit where the IOM report will be discussed, and PBMA officer elections. Dr. Helen Taro-Atalig of the Commonwealth of the Northern Marianas was elected PBMA Secretary, Dr. Jan Pryor of MHRDC was elected Treasurer, Dr. Johnny Hedson of Pohnpei was elected Vice President, and Dr. Victor Yano was re-elected President.

One of the last items on the agenda included an invitation by the Kosrae State Medical Association President, Dr. Liv Taulung, to host the 5<sup>th</sup> Annual PBMA Conference in 1999 at a date to be set.

In closing the 4<sup>th</sup> Annual Meeting Dr. Victor Yano thanked the Chuuk Medical Association, the Governor of Chuuk – the Honorable Dr. Ansito Walter – and all the people of Chuuk for their graciousness in hosting the 4<sup>th</sup> PBMA Conference in the face of such difficult times in Chuuk. The generosity of the Chuukese people was inspiring.

Dr. Yano also thanked other sponsors for the meeting who included the Chuuk State Governor Walter, Chuuk State Health Services, the Akapito Family, the Kurassa Store and Hotel, Chuuk Stop Hotel, Chuuk State Legislature President Detor Santos, and Legislative Speaker Masachiro Christlib. Other Contributors included Guam Memorial Health Plan, PacifiCare (Guam), Space Labs (Washington), Bristol-Myers Squibb (Guam), R. Richard Weinstein Pharmaceuticals (Hawaii), Abbot Diagnostics Division (Australia), Aloha Labs (Hawaii), Koror Wholesalers, Bank of Hawaii (Koror and Guam branches), JMI-Edison (Guam), MR Imaging Group (Guam), and Professor Kekuni Blaisdell, M.D. (University of Hawaii).

With the conclusion of the business meeting, Dr. Yano formally thanked all the members for their interactive participation in the conference and formally closed the meeting.

See you at the 5<sup>th</sup> Annual PBMA conference in 1999 in Kosrae State, FSM.

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## References

1. Buse K, Larson H. Guest Editorial. *Pacific Health Dialog*, 1994;1(2): 4-5.
2. Buse K, Larson H. The Convention on the rights of the child: implications for the health and well-being of Pacific children. *Pacific Health Dialog*, 1(2):6-12.
3. Tonganivalu D. The Convention on the Rights of the Child. *Pacific Health Dialog*, 1996;3(2):223-228.
4. Pryor M, et al. Vitamin A deficiency and otitis media in Chuuk State, Micronesia. *Pacific Health Dialog*, 1994;1(1):6-12.
5. Ibarra IM. Challenges of eliminating vitamin A deficiency in Chuuk State in Micronesia. *Pacific Health Dialog*, 1994;1(2):31-33.
6. Bibliography: Vitamin A Deficiency (VAD). *Pacific Health Dialog*, 1997;4(2):176.
7. Yano V. Western Pacific HealthNet: the creation. *Pacific Health Dialog*; 1997;4(2):163-164.
8. Fochtman MM, Allen CB, Gurusamy R. Distance education for health workers in Micronesia. *Pacific Health Dialog*, 4(1):203-206.
9. Kinnear S, et al. Postgraduate medical training for the Pacific: the next step. *Pacific Health Dialog*, 1996;3(1):60-64. □