

# Voices from the community: a call to action for Asian and Pacific Island health in the new millennium

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## Introduction

It is remarkable and extremely brave of those who invited me here so I can stand up and attempt to challenge us all to paddle our canoe toward the horizon of the dawning 21st century. It is even more remarkable that I am here because, you could have recommended a more robust person for this challenge. But in my own naïve way I will steer toward some uncomfortable currents since it is my hope that my participation here today as a Pacific Islander — a Pacifican, if you may — signifies a maturation of the US toward empowering me to be more accountable for my health. And if this premise is correct, then, we will arrive at our destination.

Be that as it may, the first voice uttered by the Pacificans was, "The sailors are coming" — a few hundred years ago. "The sailors are coming" was a voice of contradiction since we Pacificans were master sailors in our own right. This was a voice of curiosity, and perhaps, retrospectively, it has been a voice of a long, difficult, and at times strenuous relationship that has led our various Pacific nations and cultures into challenges they had never faced before. We have been Europeanized, Easternized, Westernized, and Americanized. And for the last millennium our cultures began to mutate as we dealt with new political structures and their management styles, new cultures with their expectations, new people with new diseases, and new demands on our

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environment. We began to evolve, for better or for worse, and even at times were brought to the brink of losing our own identities. And this, is why we are gathered here today, that there be accountability demanded from you and from me.

We are here today as "Sailors", the Pacificans, the Asians, to discuss our common, self-determination in health. Self-determination in health because each of our nations, each of our cultures, each of our communities, each of our families, and each of us in this room must take a stand for freedom to make informed choices regarding our health. Self-determination in health because all the Pacific countries represented here today must in the next millennium strive to promote policies that will allow our people to make these informed and accountable choices regarding their health and their well being. Anything less than this will be a futile exercise.

## The Pacific Region

It is estimated that in mid 1997 the population of the Pacific region was 6.76 million. The Pacific has one-third of the world's languages, huge cultural diversities 75% of its population living in rural or remote areas, rapid urban growth, threats to the centrality of family and kinship structures, a high rate of migration to the Pacific Rim countries such as the US, New Zealand, and Australia, significant geographical isolation, environmental vulnerability, varied colonial histories, and significant susceptibility to climate conditions, external markets, commodity prices, and trade arrangements.

Part of the Pacific region, the US-associated Pacific are comprised of the US-

flag territories and the freely associated independent states, with a total population of 427,000. The flag territories include the Polynesian islands of American Samoa, and the Micronesian islands of Guam and the Commonwealth of the Northern Marianas in the Western Pacific. These islands are formally part of the US and their people are US citizens. The freely associated independent states include the new Micronesian countries of the Federated States of Micronesia,

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the Republic of the Marshall Islands, and the Republic of Palau, all of which are formally represented as independent nation states in the UN.

Historically, American Samoa and Guam became US possessions just before 1900. Micronesia, after being colonized by the Spanish, then the Germans, and then the Japanese, was administered after World War II by the US Navy and then the Department of Interior as the US Trust Territory of the Pacific Islands. The Trust Territory Administration was a sister office of the Bureau of Indian Affairs. Of the eleven UN Trusteeships parceled out after WW II, the US Trust Territory was the only strategic trust, which meant the Trustee, the US Government, could fortify the islands at will. This was the rationale for letting loose over 60 nuclear devices. (60 atomic and hydrogen bombs) in the Marshall Islands.

In the 1970s the Trust Territory jurisdictions began to change their relationship with the US Government. The CNMI became a formal commonwealth of the US. Later, in the mid-1980's, the Federated States of Micronesia and the Republic of the Marshall Islands entered a formal 15 year treaty relationship with the US under the Compact of Free Association, whereby for monetary and programmatic support of these new nations, the U.S. would have defense access to the region. In 1994 the Trust Territory formally ended when Palau became the world's newest nation state - the Republic of Palau - after signing a 50 year Compact of Free Association treaty.

## Pacific Paradigms

Although the partnership with US has made some improvement in the health status of the Pacificans, there remain some disturbing paradigms.

**Transition of the health status of Pacificans.** There is a dichotomy of health status. In less developed countries, morbidity and mortality are usually due to communicable diseases, and diseases of infancy and young childhood. As a country becomes more developed, the disease pattern shifts to non-communicable diseases, including cardiovascular disease, diabetes, hypertension - the so called "life style diseases". Currently, the whole spectrum of diseases is found in all of the Pacific countries. Certain infectious diseases of the past, such as leprosy, coexist with diseases of modernization, such as diabetes, leaving the islands with the worst of two worlds.

**The ambivalent syndrome.** This is a syndrome that has contaminated health at various policy levels. Although the US Public Health Service promotes community based participation, for example, most federal funding is vertical or categorical, and so at times this funding pattern becomes a stumbling block to sustainable progress. Though the US Public Health Service gives grants to curtail tobacco use, the US tobacco companies are allowed to pour millions of dollars into advertising and promoting the use of tobacco in the islands. While the Marshallese are compensated by the U.S. Government for the nuclear testing done at Bikini and Enewetok atolls, France is allowed to test nuclear weapons Mururoa Atoll. And the list goes on.

**Antiquated health indicators.** As our policies change, and as we move toward more community and primary care oriented delivery systems and perhaps a more holistic approach to health, so our health indicators should evolve to reflect these changes. Counting the number of gastroenteritis, cholera, dysentery, and parasitism cases only means our

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resources have been spent to treat them. Perhaps a set of indicators for adequate supply of safe water and basic sanitation will prevent these diseases, and so be more cost effective. Studies have shown that literacy among women is a better indicator for reducing infant and maternal mortality and increasing life expectancy.

Perhaps there is a need to look for more proactive, preventive, and holistic health indicators for the preparation for life, the protection of life and the quality, rather than simply the length of life in later years. What about indicators such as the percentage of gross national product spent on health, and specifically the percentage that goes to primary health care? How about : health integration into the school curriculum? percentage of families with adequate child spacing? percentage of children, completing elementary and high school by gender? number of skilled nursing facilities versus the number of families taking care of their elderly in homes and the the number of people taking regular exercise?

**Political will.** Political will has been an abstract concept for Pacificans, having been colonized for many years. However, in recent years we have seen the renaissance of our cultures and therefore our very will to survive. Political will can only be strengthened through some nationalistic pride of one's heritage. For this reason we Pacificans must develop a strong political will so that we can realistically deal with political corruption; with emigration of our people (the "brain drain"); influx of migrant workers; the access, quality and cost of pharmaceuticals; the importation and exportation of detrimental goods such as tobacco and alcohol; and a strong will toward sustainability. The development of a strong political

will is to be able to say that, while off island referral may be the easy answer, we will allocate our scarce resources toward the development of comprehensive primary care services.

## Conclusion

For us Pacificans, the Mission, the Model, the Money, and the Manpower advancement policies must be put into some equitable, workable, and sustainable scheme. The Mission must be that our efforts be relentless in developing primary health care and preventive services. The Model must be the one that suits our particular situation. For some island countries, an integrated model of government, contractual, traditional, and private entities in the support of the mission may be the best; while for others, perhaps pre-paid managed care; or a National Health Plan. For Money, this does not mean more money, but it does mean that we be fully accountable for whatever we have, that we begin to help ourselves, and that we develop a recoverable revenue system. As for Manpower development, it is imperative that we develop regional health training, continuing medical education, and research schemes that are appropriate for the Pacific through pooling our resources.

As we travel together toward the 21st century, we Pacificans can hold the US responsible for the highest standards of health care for Pacificans, and rightly so. But we Pacificans know what is appropriate for our situations. Our common goal is self-determination in health, and therefore we have to make some paradigm shifts toward equitable and just policies – toward preparation for life, protection of life and quality of life in later years. This can be accomplished through having appropriate preventive health indicators; the right model, mission, money, and manpower; and strong political will. It is with these ideals that we seek US partnership.

I would like to end by sharing a chant by a Palauan traditional healer.

### CHELSEL A KELTLRENG\*

O... Demala Soi... lang  
Ko Rull Me Ngak... a Desoml  
Ma Mlida Dio... Mubang  
Komdai Er Ngii... Ma  
Lemuaise Komem...Tengel  
El me Oserchii... a Renguk  
Lometikl, Loomed kelekl~Era ilkol... lang.

### A PRAISE OF FRIENDSHIP\*\*

O... Dear Friend  
You are the bridge and  
I am the outrigger,  
You keep our canoe together and,  
Chart our course, As dawn breaks,  
You are there to pacify the heart  
That is restless, restless of darkness.

\*Composed by Techur  
\*\*Translated by Kathy Kesolei

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A faithful friend is the medicine of life  
*Ecclesiastices 6:16*