

Majuro Chamber of Commerce
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Meeting Minutes

Wednesday, July 12, 2006

Marshall Islands Resort

Entertainment was provided by Youth to Youth in Health (YTYIH) from 11:30 A.M. until noon. They sang Marshallese songs. This is the 20th anniversary of YTYIH. Donations were received for this group.

Meeting called to order by President Jack Niedenthal at 12:01 P.M. Approximately 75 members and guests were in attendance. The next regular meeting will be on Wednesday, August 9, 2006.

- **Minutes** – approved electronically prior to meeting
- **Guests**
 1. Alvin Jacklick, Minister of Health
 2. Sandy Alfred, Assistant Secretary Majuro Hospital Services
 3. Russell Edwards, Assistant Secretary Primary Health Care
 4. Rosabella Marty, Assistant Secretary Medical Referral Services
 5. Dr. Kennar Briand, Medical Director Public Health
 6. Dr. Masao Korean, Chief Medical Staff
 7. Dr. Sheldon Riklon, Chairman National Medical Referral Committee
 8. Erma Myazoe, Human Resources Development Coordinator
 9. Arata Nathan, Director Outer Island Health Services
 10. Shelma O'Brien, Medical Referral Coordinator
 11. Salome Lanwi, Assistant Chief Nurse
 12. Dwight Heine, Assistant Secretary Administration, Personnel and Finance

13. Rose Eachus, Nurse Case Manager
14. Dr. Ralph Harris, Diabetes Wellness Center
15. Paul Davis, Diabetes Wellness Center
16. Brenda Davis, Diabetes Wellness Center
17. Gary North, Senior Vice President Pacific, Mattson Navigation Company
18. Clifford Mattos, Manager Logistics, Mattson Navigation Company

- **Financial** – No report
- **Chamber President's Remarks**

Kommolol Anij kin ien in. I would like to take this opportunity to recognize the Hon. Minister of Health, Alvin Jacklick, the Acting Secretary of Health, Dwight Heine, Iroj, Alaps, government officials including all the doctors, staff and employees who are here today from the Ministry of Health, members of the Diplomatic Corps of the United States, Taiwan and Japan, other distinguished guests including the young men and women from Youth to Youth in Health, the general public in attendance, and of course our Majuro Chamber of Commerce membership.

Today I stand before you wearing a US Air Corps flight jacket that is over 60 years old. At the young age of 18, my father wore this jacket in WWII as he flew 35 missions over Germany with the 8th Air Force. Most of his missions were spent strapped all alone into a totally exposed ball turret gun beneath a B-17 bomber. He used to tell me that for the entire bombing run--that would sometimes last for many hours--he felt like the whole world was trying to kill him. During the course of the war, 26,000 men lost their lives from the 8th Air Force, which sustained the heaviest losses of any military unit of the war. An additional 21,000 men from the 8th Air Force wound up in POW camps. When I was a teenager, before he died, he unceremoniously gave me this jacket. Until this month, I never really understood why. Now I know. The sweat of fear and bravery that was poured into the insides of this jacket from his body was the result of him, and many young men like him, putting life on the line to protect democracy and freedom the world over. And that same struggle for democracy continues today with Marshallese men and women now wearing the uniform of the United States of America. Last year, when SSG Paul Lejjena, a young Marshallese man, was badly wounded in the war in Iraq, President Kessai Note stated, and I quote, "Lejjena should be commended for his dedication to freedom and for his willingness to stay engaged in Iraq to ensure that the Iraqi people could experience what we experience on a daily basis...Let me state that the Marshall Islands is proud to be a close and firm supporter of the democratic ideals of freedom." End quote. One of those democratic ideals that both my father and Paul Lejjena were fighting so hard to protect was that of free speech.

As everyone probably knows by now, this Chamber will be investigated by a Nitijela committee on July 25th because we publicly gave our opinion on a single issue. I can save the Nitijela committee some time and effort by telling you today what the Chamber of Commerce is. The men and women of the Majuro Chamber of Commerce all believe that the Marshall Islands is a great country, but that it can be greater. We respect, honor, indeed, we cherish our government, our Constitution, our Nitijela, and our elected leaders. We encourage our members to be good citizens, to pay their taxes and to follow all the laws of the Republic. Many of us wake up early, work long past closing time even on holidays, yet we find the time to care about and support our community, our families and our friends. We are many different kinds of people: We are Marshallese, Americans, Chinese, Taiwanese, Filipinos, Fijians and other nationalities, and we enjoy and celebrate in these differences and the varied opinions that we all bring to our table. All of us, collectively, employ over 2,000 workers, the vast majority of whom are Marshallese. Tonight, and every night, 365 days a year we put food on the table, not for hundreds, but for thousands of Marshall Islands citizens.

Yes, we at the Majuro Chamber of Commerce believe that the RMI is a great country, and this is one reason why: Today, with these microphones before us, all of you, every man, woman and child in this room regardless of nationality, will celebrate a right that billions of people on earth today don't have, nor will ever have: and that is the right to ask public officials questions about our government in an open forum. Free speech helps foster the creativity that is so essential for economic development, and moreover, human development.

Today we are here to talk about health care in this country. Before we begin, on behalf of the Majuro Chamber of Commerce, I want to recognize and thank the United States of America for the well over \$60 million in annual Compact aid for health and education programs here in the RMI. I want to recognize the government of Japan for the funds they gave to upgrade our hospital, and I would like to thank the Republic of Taiwan for their most recent and very successful medical mission to the RMI. It is so important for the businesses of this country to have a healthy, educated workforce, so we thank you all for these generous donations from your countries. And please, keep it coming.

I would now like to take a moment to thank outgoing US Ambassador Greta Morris for being such a great supporter of the Majuro Chamber of Commerce and the business community as a whole during her three-year-stay here in the Marshall Islands. She is already leaving the country with a Doctoral degree from CMI and an honorary 8th grade diploma from the Majuro Cooperative School. And now she can add to this very unusual and prestigious set of laurels. I am very proud to present to Ambassador Greta Morris this certificate that grants her lifetime membership to the Majuro Chamber of Commerce. She is the only person ever to hold such an honor.

Lastly, we would like to apologize to Minister Jacklick because we waited a while to do this Health Forum. That is his reward, if you will, for being involved with one of the highest regarded ministries in the government. To give you an indication of how badly he wanted to get in front of us today, when the Minister received our letter of invitation for this forum he responded the same day to accept, and the Chamber sincerely appreciates his enthusiasm.

Now most of us in this room know what it is like to run a business, but to quote the great American philosopher, Bill Weza, “few of us have yet to walk the long hard mile in the shoes of a health care worker.” We are here today to find out what that is all about and what we as Chamber members might do to help them with this very daunting task.

- **Guest Speaker Opening Remarks – Minister Alvin Jacklick**

The Ministry of Health (MOH) is organized into several bureaus such as Administration, Finance, and Personnel; Statistics; Ebeye Hospital; Majuro Hospital; and others.

Article II Section 15 of the RMI Constitution specifies that the government needs to take care of the people’s health needs. The Cabinet charged the Ministry of Health with accomplishing that. This involved human resource development or capacity building; on island nurse’s aid training; off island training; improved medical referrals; and better health facilities.

There are now new hospitals in the two urban centers of Majuro and Ebeye.

The off island medical referral program was transferred from MISSA to the MOH. This was done to protect the MISSA retirement fund that had been previously used as a backup source for referrals when the referral fund was depleted.

Other accomplishments include improved and strengthened recordkeeping; collection of health fees; and a strengthened medical referral committee. In the past there were politically motivated medical referrals. Today there are no political referrals. Referrals are now only made based on medical need.

In 1998 MOH inherited a 3.2 million debt to MISSA. That debt will be reduced to \$517,000 by the end of this month. MISSA has worked with MOH to allow a \$60,000 per month repayment schedule.

At present there are new agreements pending with Taiwan hospitals. A Taiwan medical mission has recently completed its work. Another is scheduled at the end of this month. There will be another Taiwan medical mission in September.

Since January, 2005, when the law was amended, there are now outer island medical referrals to Majuro.

The MOH is negotiating with Becca and the US for a second phase of the Majuro hospital project that is expected cost \$36 million and be completed in three years.

- **Questions and Answers**

Q. To the layman, it appears that the Ministry of Health has made significant strides in diagnosis of disease, treatment, and control of off-island referrals. The Minister, and, as he stated in his gracious letter to the Marshall Islands Journal, the MOH staff, deserve much credit for this. Yet, it also appears that not enough is being done for preventative

health care. The RMI has one of the highest rates of obesity in the world, with resultant high levels of health problems, such as diabetes, which adversely affect the quality of life, and, frankly, the performance of employees in the workplace. There are also high levels of smoking and alcohol consumption with resulting health and societal problems. Does the Ministry have plans for a program to combat these problems in their early stages? Even an education program starting in the earliest school grades would seem to be speculative for success, when children come home to unhealthy food and lifestyle habits; this is obviously not a simple problem to cure.

A. Russell Edwards. We do have a high rate but not necessarily the highest in the world. We talk to students and to the communities. We publish articles in the newspaper. Last year we recognized the need to collaborate with the Ministry of Education (MOE) regarding immunization. We're doing a lot of these things. Maybe we could do more. But it involves more than just MOH. For example and when dealing with TB, we need help from the community. We need help from the businesses to put warning messages on cigarettes sold here.

Q. Giff Johnson. EPPSO reports that the spending on preventative health care has gone down slightly.

A. Dwight Heine. There is a slight decrease in the preventative health care budget in order to strengthen secondary care.

Q. What is the status of the mammogram machine for Majuro Hospital?

A. Sandy Alfred. This machine was delivered about the time that I first became Hospital Administrator. There were no manuals or other necessary things. The machine is working now after we contracted out its installation and certification to US standards to an outside company. Periodically the machine needs maintenance. We have just completed that. It is working now. It's difficult to get parts if you don't purchase them from the company that originally sold the equipment.

Q. Sam Smith. Can you order manuals?

A. Sandy Alfred. We are aggressively working on this.

Q. Liz Rodick. The radiologist has left. Is there someone else to operate the machine?

A. Sandy Alfred. We are aggressively recruiting another person now.

Q. In compliance with the new requirements of the Compact Agreement as Amended, Government Ministries receiving compact grant assistance are required to submit budget performance reports detailing how effective they are in using compact grants in conformity with their ministry strategic goals and plans. When was your last report submitted and are there any feedback from JEMFAC or any other agencies reviewing your reports explaining how well you are spending your money or any room for improvements in how to effectively use compact funding? Monitoring

performance in line with your goals and plans require adequate and reliable data compiled and retained by your MOH statistics division. Has your Ministry ever had problems with data collection or presenting valid data in your reports? What is the status of the Ministry of Health in terms of its achievement of the Millennium Development Goals?

A. Dwight Heine. We are still in the early stages of performance based budgeting. JEMFAC acknowledges this. There are no known issues.

A. Sandy Alfred. This is difficult. Perhaps we should turn the question around and ask if the Amended Compact funds are matching our needs.

A. Dwight Heine. We're probably doing it right. The FSM came to see how we are doing it.

Q. Baron Bigler. You are receiving funds from the US and Taiwan. Are you applying performance based budgeting to all funds received or just US funds?

A. Dwight Heine. All funds.

Ambassador Morris. Performance based budgeting is a developing and collaborative effort to see that funding is being applied to jointly developed goals. Tony Constanza and his BGSi team regularly work with EPPSO. Al Fowler works here at the Embassy as the Department of Interior Grants Specialist. Roylinne Wada is responsible for monitoring the health sector grant in the Honolulu DOI Field office.

Other person. The most important thing is the results. Combined reporting of all funds is reassuring to the other donors.

Q. Jack Niedenthal. What about the Millennium Development goals?

A. Dwight Heine. MOH is planning the new hospital. We also have to deal with emerging and re-emerging diseases. We plan to work with WHO and CDC. Where some of the Millennium Development goals like malaria don't apply to the Marshall Islands, we work in other areas that do apply.

Q. Jack Niedenthal. Is there a plan for something like Typhoid Fever?

A. Russell Edwards. There is a general endemic plan that can be adapted to any situation. One of the Millennium Development goals is to reduce poverty. We have taught boys and girls about teenage pregnancy and how this leads to poverty. We focus on reducing poverty with education.

A. Dwight Heine. Our endemic plan can easily be altered for other diseases. The RMI is an endemic place for Typhoid Fever.

A. Dr. Biand. The first case of Typhoid Fever was late in January. There were a few cases since then with a cluster of cases recently. We asked the CDC to come here and

help us find the source of infection. There is a two doctor team here now. There have been no new cases since April.

Q. Dr. Pinano. Access to safe drinking water is the issue. Up to 50% of the wells in some areas are contaminated. Typhoid Fever comes from bad water. I've seen Typhoid Fever here every year for 25 years. What is MOH doing about safe drinking water?

A. Dwight Heine. A couple of years ago environmental health issues were transferred to EPA. We don't have a safe drinking water plan.

A. Sandy Alfred. We have an improved MOH surveillance system.

A. Dr. Korean. We called EPA when the first case appeared. Only one well was found to be contaminated.

A. Russell Edwards. In our primary health care we teach people to boil water.

A. Alvin Jacklick. The government has installed a lot of water tanks in the country. The Cabinet has approved Japan building a new fresh water reservoir past the airport. We've done a good job in education on this subject.

A. Erma. Myazoe. We asked people about their wells. They told us they don't drink the water.

Neal Skinner. You have to get the particles out of the water first. You can't kill them. They must be removed with a filter first.

A. Dr. Korean. We need the Chamber's help to develop building standards that would require that all houses built must have water catchments and toilets.

Q. The initial success of the Diabetes Wellness Clinic at the Majuro Hospital in improving the blood sugar levels and the general health of diabetic patients points to the value of a health education program focused on primary health care and on making changes in diet and lifestyle. The MOH has been doing a good job in disseminating public service announcements on health issues through the Marshall Islands Journal, radio and TV. What plans, if any, does the Ministry have to expand public health education programs, with an emphasis on getting people to prepare and eat healthier foods, get more exercise, stop smoking and make other life-style changes? Is MOH working with the Ministry of Education on a public health/nutrition/healthy lifestyle curriculum?

A. Dr. Harris. There is no question but that we are making inroads. This is just the beginning. We need to identify those who need intervention. There are other non-medical issues. For example, where is the food coming from? We have to get back to local foods. Soil enrichment, composting, and other agricultural issues are important. This is a change of lifestyle issue that includes diet, exercise, and education. We need to change export/import habits by not importing Western junk food. Rather we should be importing

local food from other islands. The Laura agricultural area should be enhanced. Children should be taught to farm.

Jack Niedenthal. Bank of the Marshall Islands will sponsor a farmers market in the Rewut Corner area beginning in August. Farmers need to have a place to sell their produce.

Dr. Pinano. I'm an internist and have been treating diabetes for years here. I'm now the medical examiner for MISSA. Typically only people with Caucasian blood get type I diabetes. The people here get type II diabetes. This is preventable. Obesity is a leading cause of diabetes. Breast feeding has been shown to reduce the chance of people becoming obese in adulthood. Early pregnancy leads to an unaware parent who doesn't know how to properly feed an infant.

Q. What is the extent of AIDS in the Marshall Islands and do we expect that it will remain controlled (low numbers)? How about tuberculosis? Can you please describe the symptoms of this disease, how it is cured, and what can be done to prevent it?

A. Dr. Korean. The first case of HIV was in 1986. Since then there have been 13 others as of February of this year. Only two of these now live in the Marshall Islands. 4 were civilians on Kwajalein who have departed this country. Of the total 3 were confirmed to have developed AIDS and have died.

Q. Dr. Harris. When we see STD cases, do we test for HIV?

A. Dr. Briand. We screen for HIV with all syphilis and prenatal patients.

A. Russell Edwards. The best control of HIV is education.

Q. Jack Niedenthal. What about TB?

A. Dr. Briand. TB is an ancient disease dating, perhaps, as far back as the early Egyptians. There is more awareness now in the Marshall Islands. There seems to be an increasing trend now. TB is contracted by breathing in the bacteria from a diseased person. The symptoms include prolonged coughing, weight loss, night sweating, and malaise.

Dr. Pinano. A persistent cough of more than two weeks associated with weight loss should be checked.

A. Dr. Briand. To test for TB sputum is taken to the lab. A smear is done, and we look for the TB bug. A second or confirming test is a chest X-ray.

Q. Of what benefit would an underwater fiber optic cable to the Marshall Islands be for the Ministry of Health?

A. Dwight Heine. We need increased bandwidth for telemedicine.

A. Dr. Korean. We need increased bandwidth for medical research, education, and referrals to other doctors.

Q. Is the disposal of Majuro Hospital biological waste now under control and being handled properly?

A. Sandy Alfred. It is under control. Waste management is a system in every hospital. There is occasional stress of such systems hence a potential breakdown. A breakdown has to be remedied. When EPA notified us of a problem, I assigned the Chief Nurse to solve the problem. It is done. We are working cooperatively with EPA. We've contracted with a local company to dispose of the waste past the airport.

Q. Carlos Domnick. Is the morgue too small? Are there any plans to expand it?

A. Sandy Alfred. We haven't heard this yet. There is a six-body capacity. I'll look into it.

Dr. Pinano. In reference to Dr. Korean's request for building standards as they would affect the public health, some of the houses in the Jenrock area have been disconnected from public water and electricity.

Paul Davis. We need more screening participants. It is also helpful for Chamber businesses to allow the participants to be available to begin the program at 4:00 PM.

Dr. Harris. We need a new facility for the Diabetes Wellness Center.

Ambassador Morris. There was an initial grant of one million dollars for the Diabetes Wellness Center provided by the Department of Defense. MOH has provided a location. This program could continue to be funded out of the Amended Compact health sector grant. This is an important program. It could also help reduce hypertension and other heart related problems.

A. Sandy Alfred. The Wellness Center is part of MOH future plans.

Q. Carlos Domnick. The tour operators here need a decompression chamber.

A. Sandy Alfred. Delivery is scheduled now for a decompression chamber. It will also be beneficial for diabetes patients.

Q. Jack Niedenthann. What about maintenance?

A. Sandy Alfred. We have provided for ten years of maintenance.

Bill Weza. MIVA had contributed \$20,000 for a decompression chamber. The money is still there and available for MOH use.

A. Sandy Alfred. Thank you. We will let you know. Also, two doctors will be sent for decompression chamber training.

Russell Edwards. We need a place for people to exercise in Majuro. The Chamber can help with this need.

Sandy Alfred. We've started a blood banking program. We'd like the Chamber to partner with us on this. We need blood donors.

- **Chamber President's Closing Remarks**

I would like to thank everyone for attending and participating today.

Old Business - none

New Business - none

Committee Reports

- **Government Relations** – Jerry Kramer
- **Business and Trade** – Neal Skinner
- **Financial Services** – Jim McLean
- **Tourism** – Delores deBrum Kattil for Bill Weza
- **Transportation** – Salome Andrike
- **Communications** – David Strauss
- **Education** – Carlos Domnick
- **Health** – Dr. Alex Pinano
- **Environment** – Don Hess
- **Membership and Public Relations** – Liz Rodick
- **Special Projects** – Sam Smith
- **Exploratory Committee for School Feeding** – Ben Graham

Results of June 23, 2006 Initial Meeting

Members Present

Richard Bruce (MOE)

Bill Weza

Liz Roddick

Keith Ogborn (consultant on ANU/ADB project)

Ben Graham

Key Facts

- . School feeding programs already exist in all public secondary schools, as well as all public primary schools on Ebeye
- . Only Majuro and outer islands primary schools do not have feeding programs
- . Richard provided current data on numbers of primary schools and students on each atoll

Discussions

The group discussed a wide range of issues, using the concept paper developed by Keith Ogborn as a rough guide. Key issues included the key objectives of a school feeding program (malnutrition, attendance, etc.), the current "market size" of public schools and

students, costs of existing school feeding programs (in high schools and in Ebeye), service delivery options (fully outsourced or MOE run or combination?), service delivery options (ranging from just providing multivitamins to snacks to full meals), targeting (Majuro or outer islands or all) and sequencing.

Follow Up Actions

- . Explore operations and costs of current feeding programs to assess true costs
- . Start off with RFP for school snack program (e.g., piece of fruit, carton drink or ni, multi-vitamin)
- . Explore sources for donations of multi-vitamins . Repeat and replicate nutrition survey previously conducted on 600 public primary students in 1999 (Ben's project has around \$2000 available for this survey)
- . Develop basic meal and snack requirements with MOH nutritionist (for RFPs)

Second meeting scheduled for late July (when Richard returns)

Meeting adjourned at 2:00 PM.

Minutes prepared by:

Jim McLean

Approved _____

Approved with Corrections _____