My first days at the Ministry of Health ...

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GUEST EDITORIAL

As a result of the national general elections in November 2004 the office of the Minister of Health was vacated at the end of the year. President Tommy E. Remengesau nominated Victor M. Yano, M.D. to fill this post.

I had been in private medical practice for twenty-four years and had contributed to health boards and committees but had never served in a formal government post.

The Senate Committee on Health of the 7th Olbiil era Kelulau conducted public hearings mandated by law for ministerial appointments on January 18th 2005 and chaired by the newly elected Senator Caleb T. Otto. The hearings lasted one week and invited Ministry of Health staff, private citizens and other medical practioners in the community to testify.

On the 25th of January 2005, I was sworn-in as the 6th Minister of Health for the 7th Constitutional Government. At the swearing-in ceremony, President Remengesau welcomed a "different work ethic" developed in the private sector to serve in Government. I personally thanked all who were present for their support and vowed that with their assistance "I know I can do my job". Later that afternoon we held the first staff meeting with the Directors, Chiefs and Program Managers. All were reassured that decisions will be reached by consensus and according to the law.

I met with the traditional leaders at the Bai ra Edib in the village of Meyuns where the Ministry of Health is located and was offered their consolidated support. On February 1st, 2006 Father Rusk Saburo blessed the entrance of Belau National Hospital that currently houses the Ministry of Health. The brief ceremony was witnessed by Vice President Elias C. Chin and patient Mr. Gerdence Meyar.

The first month saw a general cleaning up around Belau National Hospital campus.

Next, I met with supervisors and staff of all the departments, conducted a qualitative customer survey to provide feedback on how the community viewed services at the Ministry of Health. Management information was shared with employees from the Laundry Service, Janitorial section, Maintenance, Medical Records and Medical Warehouse and their support solicited to carry on the daily functions.

"Healthy Palau in Healthful Environment" would be our mantra

Management team was invited to a one-day retreat at the Oikull Community Center in Airai to deliberate on a direction and mission of the Ministry of Health. It was facilitated by recently graduated students of Mindszenty High School, a missionary, a traditional healer and a retired teacher, Mrs. Bernie Keldermans.

At the end of the day we agreed that "Healthy Palau in Healthful Environment" would be our mantra (vision) and that our aim should be directed at the following mission statement.

The Ministry of Health shall take positive actions to:

Attain healthful environment,
Promote health and social welfare,
Protect family health and safety, and
Provide healthcare services throughout the Republic of Palau.

This clear direction of the Ministry of Health has been shared at every opportunity during government, public and community conferences and gatherings.

It has been a tremendous learning experience in the first year on the job. The role of being a Minister in any Government I believe has a very steep learning curve. I would have troubled nights, tense days and doubts but having a team of competent and supporting staff has been my fortune and has made my job effective, productive and I must admit enjoyable.

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In this era of globalization, emerging and re-emerging diseases and the increasing burden of non-communicable diseases, 'transition' remains the main determinant of health in the Republic of Palau. The threats of global warming, political conflicts, terrorism and emerging diseases, are contributing to the imbalance between demands of services and availability of needed commodities. Palau, finds itself grappling with such imbalances, all within the backdrop of this transition.

The socio-political transition from warring headhunters through to the various colonizers to self-government has had impacts on the genetic transition of all of Palauans. The genetic make-up of the neo-Palauans consists of Austronesian, European, Asian, American and genes from various races within Oceania. This admix of genetic transition contributes to the health indicators in Palau. The current rates of in migration from the Asian countries, especially the Philippines will definitely lead to further genetic transition and that carries with it other vulnerabilities.

The transition from traditional to modern healing has been remarkable with the advent of modern technologies and medicines, which has led to improved morbidity and mortality and increased life expectancy at birth. This transition however, has brought physical health (biomedical model) to the epicenter of how health is perceived and pursued in Palau. The transition away from "ancestral-wrongness to the spirit" because of Christianity has slowly eroded the connection to the sacredness of Palau. The latter is the basis for environmental conservation and preservation. Placing "psycho-social model" at the epicenter of how health is perceived and pursued in traditional cultures, might bring about the balance between physical, emotional, social and spiritual health.

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The residue of modernity, with all its advances of technology, research and knowledge, has been the transition from communicable to non-communicable diseases. The burden of this has altered the economics of health and the strategic frameworks on how resources are rationed and assigned. The border that delimits effects of modernity has been compromised and challenged by globalization. This has threatened the health gains over the last decades. The design of commerce; the movements of goods and people; and the gravitation of human resources alsothreaten gains in health.

The indicators of these various transitions guide health in Palau, as a spectrum between illness and wellness. The public health system in Palau must harness the strength that exists within the Palauan community to these address these indicators of transition. These strengths include the inherent ability of the Palauan community to adopt new directions, adapt to unchangeable conditions and the resilience toward survival. Embedded in these strengths are the expectations that the public health system can provide evidence to inform community decisions regarding health. The transition from Palau-centrism toward regional and international collaboration brings about diverse alternatives in dealing with these health indicators in a more sustainable way. In this respect, 'transition' could be utilized as a tool of advancement.

JABSOM's Legacy in the Pacific: Linking the PBMOTP and Pacific Basin AHEC Programs - a Palau Perspective

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The World Health Organization (WHO) has designated 2006 as the Year of Human Resources for Health with the theme "Working Together for Health". In the North Pacific since the mid-1980s there have been innovative efforts to both increase the numbers of the health workforce as well as upgrade health workers. Over the years the Pacific Health Dialog has documented the progress and challenges of some of these programs. This Palau issue of the PHD continues that tradition and contains several articles describing new University of Hawaii (UH), Fiji School of Medicine (FSMed), and University of Auckland (UA) in-country training efforts which complement past regional UH training programs and now are spreading selectively to other North Pacific jurisdictions. The following is a perspective from Palau with the question: "Does in-country training make a difference?"

On 26 and 30 May 2006 the Palau and Yap State Area Health Education Centers (AHEC) celebrated respectively their graduations totaling 56 Micronesian physicians, nurses, environmental health workers, health administrators, and nutrition workers who received undergraduate and postgraduate Certificates and Diplomas from the FSMed Department of Public Health & Primary Care (formerly the FSMed School of Public Health & Primary Care-SPH&PC). These Certificates and Diplomas, bestowed on them by the new FSMed Dean, Professor David Brewster, are progressive steps leading to formal Bachelors and Masters Degrees in Public Health. AHEC is funded by the U.S. Health Resources & Services Administrations (HRSA) and administered by the John A. Burns School of Medicine (JABSOM) of UH. See "Palau AHEC – An Update 2001 – 2006" in this issue.

Dr. Osarch is a fine example of the link between the PBMOTP and the Pacific Basin AHECs.

For me the highlight of the Palau AHEC graduation was awarding the first Dean Terence A. Rogers (TAR) Excellence in Public Health Award to Dr. Sylvia Osarch, PGDipMedSc (UAuckland), PGCertPH (FSMed). The TAR Excellence Award recognizes an outstanding student in Public Health studies who reflects excellence in scholarship, character, and commitment to the community while studying at the joint JABSOM – Palau Community College Palau AHEC Program. It so happens that Dr. Osarch was also a graduate of the first Pacific Basin Medical Officers Training Program (PBMOTP) class in 1992, another JABSOM HRSA program, which re-established the indigenous physician workforce in select areas of the U.S.-Associated Pacific Islands (USAPI). The PBMOTP was a 5-year physician-training program conducted in Pohnpei State and sometimes Chuuk State, Federated States of Micronesia, from 1987-1996. When Dr. Osarch came to the stage, I told her that she was the kind of physician that former

JABSOM Dean Terry Rogers had in mind when he conceived the Medical Officer (MO) Program. Dr. Osarch is a fine example of the link between the PBMOTP and the Pacific Basin AHECs.

The PBMOTP[1-8]

In the early 1980s, Dean Rogers, U.S. Senator Daniel Inouye, and the Senator's Administrative Assistant, Dr. Patrick Deleon, began the planning for the MO Program. Micronesia was experiencing chronic shortages in local physicians. In some jurisdictions, no local physician had graduated in 30 years. There were so few regional indigenous doctors that the once active Micronesian Medical Association became defunct. The region was suffering from the trinity of the too fews: too few students could qualify for medical school, too few could graduate, and too few, if they graduated, would return to live and work in their home islands. Although UH and JABSOM had made progress with their Health Careers Opportunities Program and the Imi Ho'ola and Kulia Programs in preparing, recruiting, and navigating regional students through medical school (and other health professions schools), the fact remains that too few graduates were returning to Micronesia and American Samoa – as they had promised before they were accepted to medical school. Palau, however, is one of the fortunate recipients of JABSOM efforts – four physicians actually returned: one now is the Minister of

Health, one the Director of Public Health, one, a surgeon, in private practice, and the fourth is Micronesia's first female surgeon. However, no Palauan physician trained in the United States has returned to work in Palau in over a decade.

So, to compress events, in 1986 Senator Inouye, with the help of key Senate colleagues - Senators Lowell Weiker, Orrin Hatch and others - passed "sunset legislation" for ten years to fund the establishment of PBMOTP. Initially there was a bit of tug and pull in the U.S. Surgeon General's Office. Apparently there was a group lobbying Surgeon General Everett C. Coop to send the money to FSMed. He summoned then Pohnpei Director of Health Dr. Eliuel Pretrick to Washington, D.C., and directly asked whether a MO program should be established in Micronesia or should the money be sent to the FSMed to train Micronesian and American Samoan doctors. Dr. Pretrick was a graduate of the FSMed and then went on to become the first Secretary of Health & Education of the Federated States of Micronesia (1986). He reminded the Surgeon General that FSMed experiencing academic and political problems and that only a handful of Micronesians had graduated from FSMed since the late 1960s. Also, reduced numbers of ethnic Fijians were graduating from the FSMed during the late 1970s and early to mid 1980s. Given these problems, including the pre-coup political instability in Fiji at the time, how could the FSMed on an emergency basis train up to 100 physicians for Micronesia and American Samoa? So the money was released and the PBMOTP started teaching its first class in January 1987. From JABSOM the program was managed by Associate Dean John Wellington and then, for the most part, by Senior Associate Dean Dr. Satoru Izutsu. Over an eleven-year period (one year longer than the 10-year sunset legislation limit), 170 students were accepted into the program. The PBMOTP graduated 70 physicians and a number of Health Assistants and Medexes. The high attrition rates mainly in the first year of training were related to student difficulties in English, study skills, mathematics, and science in spite of a vigorous ongoing English as a Second Language and study skills program that was established to support students.

The PBMOTP graduated 70 physicians and a number of Health Assistants and Medexes. The high attrition rates mainly in the first year of training were related to student difficulties in English, study skills, mathematics, and science in spite of a vigorous ongoing English as a Second Language and study skills program that was established to support students.

The highlight of the program was its Pacific Islander teaching staff recruited from throughout the Pacific: Fijian Dr. Jimione Samisoni, who went on to become the Dean of the FSMed; Tongan Dr. Sitaleki Finau who became the Head, FSMed SPH&PC, and established the FSMed-related AHEC training activities in Micronesia; Fijian Dr. Annette Robertson, a fine role model as a woman, physician, and researcher; Fijian Dr. Joji Malani, a former rugger and an excellent medical tutor; Maori Dr. David Tipene-Leach, and Public Health physician; and Drs. Howard Bayagau and John Lee both "wantoks" from Papau New Guinea. Expatriate faculty included Americans Drs. Jan and the late Micki Pryor – Jan went on to become an executive at the FSMed; American Todd Gulick, who helped develop the outer island primary health care system in the Republic of the Marshall Islands; Joe Laren, a health administrator, construction boss, and magic maker; New Zealander Dr. Rex Hunton, who helped found the University of Auckland Faculty of Medicine; Valerie Hunton, problem based learning tutor and artist in residence whose covers graced the early editions of the PBMOTP's Pacific Health Dialog; American Dr. Bill Alto, a Family Practitioner who was an Assistant Secretary of Health in Papua New Guinea before coming to the PBMOTP and now with Dartmouth Medical School; Robert Spegal, a former Peace Corps Volunteer (Pohnpei), who crunched the numbers and kept us fiscally out of trouble; Pediatrician Dr. Joe Flear, a former U.S. National Health Service Corps assignee in Yap State who worked in refugee camps along the Thai-Cambodia border for the Tom Dooley Heritage and now is at the FSMed; Britisher Dr. Adrian Pointer who came out of Africa to teach community health, and Drs. May Okihiro, another Pediatrician who went on to teach at the FSMed, and Patty Ruze, now a Peace Corps physician in Africa, and many others. These Pohnpei-based faculty were also ably assisted by periodic visits by select Honolulu-based JABSOM faculty, including Dr. John Hardman, JABSOM's gentle Chairman of Pathology.

In the late 1980s WHO asked the PBMOTP to join an experts committee to advise on how to rejuvenate the FSMed. As a result Charter PBMOTP Deputy Director Jimi Samisoni returned to the FSMed in 1990 to eventually become its Dean and lead a team, supported by WHO and select Pacific-rim donor countries, which successfully turned the school around so that it is the vibrant training institution we know today.

Postgraduate Training in the Pacific[9-10]

In the early 1990s, JABSOM entered into a MOU with then Fiji Prime Minister Ratu Kamisese Mara to assist

the FSMed in developing its postgraduate training capacity. JABSOM recognized, that if the PBMOTP was to be successful, then its graduates must have access to formal clinical and public health postgraduate specialty training opportunities. To this end, in 1995 JABSOM captured major funding from the U.S. Department of Interior (DOI) to help establish the FSMed Postgraduate Training Center in Suva. As a result, since 1996 PBMOTP graduates have been earning Postgraduate Diplomas and Masters Degrees in Anesthesia, Medicine, Obstetrics & Gynecology, Pediatrics, Surgery, Orthopedics, and Public Health. One critical observation that has not materialized was the fear that once PBMOTP graduates achieved formal postgraduate training, they would migrate out of the USAPI searching better benefits. These concerns have not materialized. One, among many reasons, I believe is that the cohort of graduates are older and the "community glue" of family and clan has kept them working in their respective countries. Maybe they are staying because they think they are needed and are making a difference.

Since 2004, 68 physicians, nurses, environmental health workers, health administrators, and nutrition workers have graduated from the FSMed Public Health programs

In-Country Training – Pacific AHEC[11-12]

And now, since 2001, through the hard work of Dr. Kelley Withy, Director of the JABSOM Hawaii/Pacific Basin AHEC, and Dr. Mark Durand, Director of both Yap State Health Services and the Yap State AHEC, the Palau and Yap AHECs have taken postgraduate training to the next level by coordinating in-country postgraduate (and undergraduate) training conducted by the FSMed in Palau, the Federated States of Micronesia (FSM), and the Republic of the Marshall Islands (RMI). Since 2001 the UA Faculty of Medicine & Health Sciences and the FSMed have conducted 85 undergraduate and postgraduate courses in General Practice (UA-8) and Public Health (FSMed-77) in the ROP, FSM, and RMI. Currently over 200 health workers – including many PBMOTP graduate doctors – are enrolled in FSMed undergraduate and postgraduate degree programs. Since 2004, 68 physicians, nurses, environmental health workers, health administrators, and nutrition workers have graduated from the FSMed Public Health programs - all sponsored by JABSOM's Hawaii/Pacific Basin AHEC. Soon, more will follow. Much of this success has been related to the commitment and dynamism of the former Head of the FSMed SPH&PC (and Former PBMOTP Deputy Director) Dr. Sitaleki Finau. Dr. Finau, is also the founding editor of the Pacific Health Dialog a journal of community health and clinical medicine for the Pacific that was inaugurated at the PBMOTP in 1994 through grants from the Pacific Daily News (Gannett Foundation) and MCH Division at HRSA. For more than a decade the PHD has documented PBMOTP activities and more recently the diverse AHEC programs.

A key AHEC project in Palau was the Bureau of Public Health's Community Health Assessment Survey in 2002-2003. Public Health Bureau Director and Deputy AHEC Director Stevenson Kuartei teamed up with Dr. Finau, then Head of FSMed SPH&PC, to position basic health research courses as "tool boxes" so that local physicians taking FSMed postgraduate courses in Public Health could develop, under expert supervision, a community health survey tool to conduct Palau's first nation-wide health survey. Once the tool was completed and field-tested, public health nurses implemented the survey visiting 100% of households and interviewing 78% of Palau's population. The rich data from this survey is helping focus public health strategies and programs in Palau for the next five to ten years.

One allied health discipline in Palau that has measurably benefited from AHEC training is the Palau Ministry of Health's Division of Environmental Health. Of the 22 DEH personnel, only three had formal EH training. The rest, like most of allied health workers in Palau and Micronesia, were trained on-the-job by others who were trained on-the-job. Within two years 14 DEH workers have achieved undergraduate Certificates in Public Health (EH) and some are well on their way to undergraduate Diplomas and Bachelors from the FSMed. What this has done for overall morale and job satisfaction is remarkable. We hope that this is a model of EH training that can be applied to other Micronesian jurisdictions. See Sengebau-Kingzio et al's article in this issue.

PACT

Another significant JABSOM training effort is the Pacific Association for Clinical Training (http://pactraining.org) conducted by Drs. Neal Palafox, Tai-Ho Chen, and Lee Buenconsejo-Lum from the JABSOM. Following up on previous regional efforts by the University of Washington, PACT provides in-country face-to-face, telehealth, and CD-Rom-based continuing professional development courses for a broad spectrum of the health workforce among the USAPI. Palafox et al will describe their substantive efforts in upcoming issues of the Pacific Health Dialog.

Opportunities Lost

In 1997, one year after the PBMOTP closed its doors, I was asked to give an end-of-project summary to the Pacific Island Health Officers Association. PIHOA is composed of the Ministers, Secretaries, and Directors of

Health of the USAPI. In finishing my presentation, I stated that if someone were to ask me what was my greatest disappointment during the program years, I would say the following: In 1992 at a PIHOA meeting I pleaded with the leadership individually and collectively to support the acceptance of another PBMOTP class, which would graduate in 1997. The failure rates of Marshallese and Chuukese students were excessive and our plan was to over accept students and work hard using our study skills technology to graduate as many as possible. PIHOA at the time was trying to address the acute shortage of regional dentists by developing a Dental Officers Program in Micronesia (a la MO Program) in spite of the fact that there was then a viable Program at the FSMed. PIHOA voted against extending the PBMOTP because it thought that doing so would jeopardize funding the proposed DO Program. Five years later at the 1997 PIHOA meeting, at about the same time an additional PBMOTP class should have graduated, I made two observations to the health leadership: 1) In our lifetime and beyond Marshallese doctors will always be a small minority in their own homeland such that Marshallese patients will be largely cared for by expatriate physicians and 2) the DO Program was never established in Micronesia. So, in my mind, the PBMOTP closed prematurely and we missed a narrow window of opportunity to train adequate numbers of physicians, especially for the RMI. Ironically, I am now an Associate PIHOA Board Member. When I travel throughout Micronesia, the issue still doggedly follows me. I am frequently asked by the current political and health leadership: "When will the MO program start again?" I take it as a personal failure, particularly when I visit the RMI, that I could not convince PIHOA to extend the PBMOTP for at least one more class.

Promoting the Pipeline of Health Careers[13]

While testifying before U.S Senate Subcommittee hearings on health in 1994, Senator Inouye asked me what will prevent another physician shortage in Micronesia when the current physician workforce trained at the PBMOTP begins to retire. At that time I confidently stated that the rejuvenated FSMed was up and running and should address any future physician shortfalls particularly for Micronesia. The fact of the matter is that the educational levels for many graduating high schoolers in English, study skills, mathematics and science from the region are generally so poor that the "too fews" continue to raise their hydra heads – too few qualify for acceptance at the FSMed and too few graduate. Luckily, at least, all of the few recent Micronesian FSMed graduate physicians have returned to their home countries (to better salaries in Micronesia than in the rest of the Pacific Islands). Recently, on World Health Day in Palau (7 April 2006), the Palau Ministry of Health joined many WHO countries in celebrating the theme "Working Together for Health" by organizing a Human Resources for Health workshop that included stakeholders (Ministries of Health and Education, Palau Community College, Palau AHEC, and others). The workshop prioritized promoting nursing and improving the mathematics and science teaching among the high schools. Now, when asked by the Ambassador from Taiwan and other donors what kind of physician consultants would Palau like to have work in Palau, I ask them instead to send nursing instructors and study skills, math, and science teachers to work in our high schools. Human resource development for health also includes nurturing the health careers pipeline from elementary to high school to community college. Emergency training programs addressing health workforce shortages are periodically necessary but need to be simultaneously supported by longer-term programs that promote health careers in elementary and high schools and strengthen basic pre-health sciences programs.

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Challenges and Rewards[14]

In looking back, I remember the early days of the PBMOTP when the barrage of negative comments mostly from American naysayers was very disheartening: "The program won't work." "No one will hire them." "You are going to fail." Today 67 of the 70 of the graduates are working throughout the USAPI. They are currently the backbone of physician services in Palau and the FSM. Of the three not working, sadly two have died. A welcome counterpoint was a favorable review of the PBMOTP by the U.S. Institute of Medicine in 1998: "a remarkable program...the model would serve other developing nations well as they seek to train indigenous people to be health care practitioners..." But here is where it really counts: a few days ago with great satisfaction I signed a personnel action for one of the PBMOTP graduate physicians working in Palau. Much like Dr. Osarch above, this physician is also a general practitioner who completed an AHEC supervised residency at Belau National Hospital, received a Postgraduate Diploma in Medical Sciences (General Practice) from the UA Faculty of Medicine, and has earned separate Postgraduate Certificates in Public Health from both UH and the FSMed – steps on the way to two different Masters Degrees in Public Health. She did this while juggling a schedule as a full time clinician (average 60 hours a

week) and trying to be a good mother and wife. When I am covering the emergency room on a busy Saturday night (Directors pull general ER duty in Palau), I am glad when she is scheduled to be my co-worker. With a signature her salary was increased by 50% putting her on par with many of her expatriate specialist colleagues working in Palau. This is JABSOM's AHEC in action.

"The program won't work." "No one will hire them." "You are going to fail."

In Palau, Palauans make up the majority of current physician workforce and all have been trained in part or whole in JABSOM programs either in Hawaii, Pohnpei, or Palau. JABSOM graduate Dr. Victor Yano, our current Minister of Health, for his sentinel work was just recognized as a Distinguished Alumnus of UH. I think JABSOM has made a difference. To this point JABSOM graduate, Deputy Palau AHEC Director, and Director of Public Health Stevenson Kuartei asks: "What doctors know Palau better?"

This educational journey has not been perfect. Not all the jurisdictions have evenly benefited from the PBMOTP experience nor are profiting yet from the current Pacific AHEC programs. With limited funding, PACT is maximizing its efforts in the region. Strengthening the regional health careers pipeline still remains a daunting challenge. Nursing shortfalls are alarming, allied health workers continue to be under-trained, and funding for public health programs underrepresented. However, there are some successes due to the far-sightedness of people like Dean Rogers, Senator Inouye and Drs. DeLeon, Wellington, Izutsu, Withy, Finau, Kuartei, Durand, Palafox, Chen, Buenconsejo-Lum and others.

U.S. Institute of Medicine in 1998: "a remarkable program...the model would serve other developing nations well as they seek to train indigenous people to be health care practitioners..."

I think the JABSOM family and UH can be proud of its PBMOTP and AHEC graduates. I know in Palau we are. And we think that in-country training has made a difference.

Acknowledgements

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