

# HISTORY OF HEALTH ISSUES AND ACCESS FOR COFA MIGRANTS

COMPACTS OF FREE ASSOCIATION:  
REPUBLIC OF PALAU,  
REPUBLIC OF MARSHALL ISLANDS,  
FEDERATED STATES OF  
MICRONESIA

## HISTORICAL TIMELINE OF EVENTS

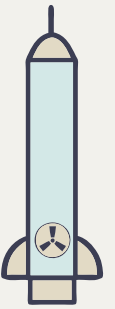


**196X**

U.S. increases aide for TTPI.

**1946**

U.S. begins relations with Pacific Islands (Trust Territory of the Pacific Islands). U.S. begins nuclear testing.



**198X**

TTPI Splits into Commonwealth of the Northern Mariana Islands (CNMI) & COFA.

**1996**

PRWORA implemented. COFA Migrants do not meet definition of "Qualified Alien"; Federal access to Medicaid lost; Hawai'i implements Med-QUEST to offer COFA Migrants healthcare on a State-level.



**2010**

Hawai'i implements Basic Health Hawaii. COFA Migrants in Hawaii experience reduced health care benefits.

**2020**

COVID-19 Omnibus bill amends definition of "Qualified Alien". COFA Migrants eligible for Federal Medicaid after 25 years.

**FUTURE**

Sea levels expected to rise. Local lands may be less accessible.



## MICRONESIAN HEALTH ISSUES IN HAWAI'I

23.6% of Micronesians Migrants in Hawai'i have at least one medical condition.



**DIABETES**

8.7% among Micronesians in Hawai'i



**OBESITY**

x% of Micronesians in Hawai'i



**CANCER**

Breast, cervical, thyroid x% of Micronesians in Hawai'i



**CARDIOVASCULAR CONDITION(S)**

6.5% among Micronesians in Hawai'i



**COMMUNICABLE DISEASE(S)**

Chlamydia 7.3% of total cases in Hawai'i  
Gonorrhea: 6.2% of total cases in Hawai'i  
Infectious syphilis: 3.3%  
Non-infection syphilis: 49.7%

Sources: Ahlgren, I., Yamada, S., & Wong, A. (2014). Rising Oceans, Climate Change, Food Aid, and Human Rights in the Marshall Islands. *Health and Human Rights*, 16(1), 69-80. Hagiwara, M. K. I., Miyamura, J., Yamada, S., & Sentell, T. (2016). Younger and Sicker: Comparing Micronesians to Other Ethnicities in Hawaii. *American Journal of Public Health* (1971), 106(3), 485-491. <https://doi.org/10.2105/AJPH.2015.302921>. Pobutsky, A. M., Krupitsky, D., & Yamada, S. (2009). Micronesian Migrant Health Issues in Hawaii: Part 2: An Assessment of Health, Language and Key Social Determinants of Health. *Californian Journal of Health Promotion*, 7(2), 32-55. <https://doi.org/10.32398/cjhp.v7i2.2013>. Shek, D., & Yamada, S. (2011). Health care for Micronesians and constitutional rights. *Hawaii Medical Journal* (1962), 70(11 Suppl 2), 4-8.



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## HISTORICAL TIMELINE OF EVENTS

- 1946**  
U.S. begins relations with Trust Territory of the Pacific Islands (TTPI).  
U.S. begins nuclear testing.
- 1947**  
Compacts begin after WWII.  
U.S. claims control over TTPI.
- 196X**  
U.S. increases aide for TTPI.
- 198X**  
TTPI Splits into Commonwealth of the Northern Mariana Islands (CNMI) & COFA.  
In 1986, COFA relations with the U.S. and Freely Associated States (FAS) permit U.S. exclusive use and military positioning.
- 1996**  
PRWORA implemented. COFA Migrants do not meet definition of "Qualified Alien"; Federal access to Medicaid lost; Hawai'i implements Med-QUEST to offer COFA Migrants healthcare on a State-level.
- 2004**  
Compact benefits ended.
- 2010**  
Hawai'i implements Basic Health Hawaii. COFA Migrants experience reduced health care benefits. Study of cancer patients born 1948-1970 relating to radiation in the Marshall Islands.
- 2015**  
Implemented to deny Medicaid coverage to COFA migrants off Med-QUEST.
- 2018**  
16,680 COFA migrants in Hawai'i.
- 2020**  
COVID-19 Omnibus bill amends definition of "Qualified Alien". After 25 years, COFA Migrants are eligible for Federal Medicaid.
- FUTURE**  
Sea levels expected to rise.  
Local lands may be less accessible.

## MICRONESIAN HEALTH CONCERNS IN HAWAI'I



### DIABETES

8.7% among Micronesians in Hawai'i

Of 2,522 Micronesian migrants in Hawai'i in 2009, 24% had at least one medical condition while 11% had at least 2 medical conditions.



### CANCER

Breast, cervical, thyroid x% of Micronesians in Hawai'i



### OBESITY

x% of Micronesians in Hawai'i



### COMMUNICABLE DISEASE(S)

Chlamydia 7.3% of total cases in Hawai'i  
Gonorrhea: 6.2% of total cases in Hawai'i  
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### CARDIOVASCULAR CONDITION(S)

6.5% among Micronesians in Hawai'i

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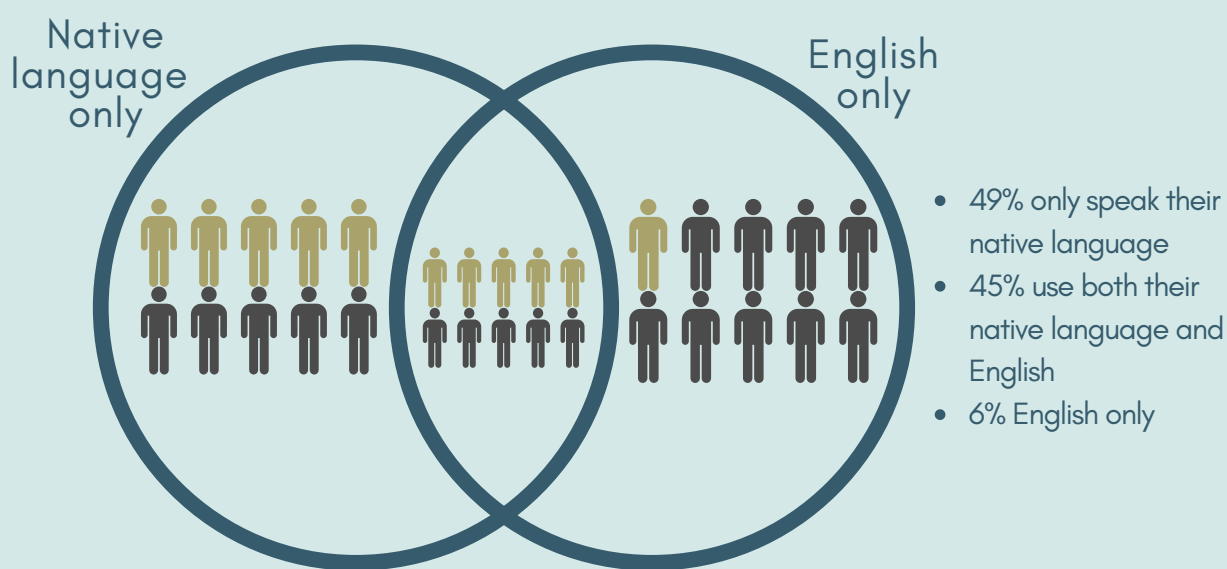


# FACTS, STATISTICS, AND DEMOGRAPHICS OF COFA MIGRANTS

## LANGUAGES AND DIALECTS ACROSS COFA MIGRANT POPULATIONS

Chuukese Kosraean Marshallese  
Palauan Pohnpeian Yapese

### LANGUAGE USE IN HAWAII



## CONTRASTING HISTORY WITH THE US: TTPI & NUCLEAR TESTING, COFA & NEW OPPORTUNITIES

The history of the Compacts begins after World War II in 1947 when the United States claimed control over the Trust Territory of the Pacific Islands (TTPI), which included Northern Marianas, Palau, Yap, Chuuk, Pohnpei, Kosrae, and the Marshall Islands, after initiating nuclear testing in the Marshall Islands (Shek, 2011). Though test sites were vacated, surrounding atolls were exposed to a significant amount of radiation which critically endangered the lifestyle and diet of the Marshallese population at the time (McElfish, 2015). A 2010 study estimated that as much as 170 cancer cases among residents of the Marshall Islands born before or during 1948-1970 were related to radiation. This estimate represents 1.6% of the total of 10,600 cancer cases occurring in residents of the Marshall Islands born through 1970. Residual contamination due to the nuclear testing did not reach negligible levels on the atolls until 1970 (Simon, 2010).

## BARRIERS AND ACCESS TO CARE

- “Qualified non-citizen” = “lawfully present immigrant”
- US ID cards=not having information about population settling
- Ability to serve in the military, pay taxes ← however cannot use their tax dollars to be supported/eligible for health programs
- Long pending status for Medicaid and Children’s Health Insurance Program (CHIP)
- Eligibility of income less than 133% of the federal poverty level → requires status of low-income/poverty level
- Lack of health information in multiple languages (inability to apply for healthcare, poorer quality of care and comprehension encounters with healthcare providers)

### TAKEAWAY

Many efforts to reestablish healthcare access for COFA migrants temporarily. More advocacy is needed to include COFA migrants to have permanent healthcare access and coverage.

Sources: Apple health for COFA Islanders - Wa. (n.d.). From <https://www.hca.wa.gov/assets/free-or-low-cost/19-0064-apple-health-cofa-islanders.pdf>. COFA Islander programs. (n.d.). From <https://www.hca.wa.gov/about-hca/apple-health-medicaid/cofa-islander-programs>. Eligibility. (n.d.). From <https://www.medicaid.gov/chip/eligibility/index.html>. Health Care for COFA Migrants. (2016). Health coverage for lawfully present immigrants. (n.d.). From <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>. McElfish, P. A., Purvis, R. S., Riklon, S., & Yamada, S. (2019). Compact of Free Association migrants and Health Insurance Policies: Barriers and solutions to improve health equity. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 56, 004695801989478. doi:10.1177/0046958019894784

