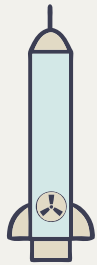


HISTORY OF HEALTH ISSUES AND ACCESS FOR COFA MIGRANTS

HISTORICAL TIMELINE OF EVENTS

COMPACT OF FREE ASSOCIATION (COFA) IS A MUTUAL AGREEMENT WHICH GOVERNS THE POLITICAL RELATIONSHIPS BETWEEN THE UNITED STATES & SOVEREIGN MICRONESIAN NATIONS. THERE EXISTS THREE SEPARATE, SELF-DETERMINED COMPACTS, ONE FOR EACH NATION: REPUBLIC OF THE MARSHALL ISLANDS, REPUBLIC OF PALAU, AND THE FEDERATED STATES OF MICRONESIA (POHNPEI, YAP, CHUUK, KOSRAE)



1947

After WWII, compact history begins when U.S. claims control over TTPI.

1946

United States (U.S.) begins relations with Trust Territory of the Pacific Islands (TTPI). U.S. begins nuclear testing in Marshall Islands and establishes CIA training camp in Saipan.

196X

U.S. increases aid for TTPI: employment & economy expansion.

1984-1994

TTPI Splits into Commonwealth of the Northern Mariana Islands (CNMI) & three separate COFA nations: Federated States of Micronesia (FSM), Republic of Palau (ROP), and Republic of the Marshall Islands (RMI). In 1986 (RMI), 1989 (FSM), and 1994 (ROP), COFA relations with the U.S. and Freely Associated States (FAS) permit U.S. exclusive use and military positioning.



1996

Personal Responsibility and Work Opportunity Reconciliation Act (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 renegotiated and benefits change.



2010

Hawai'i implements Basic Health Hawai'i (BHH). COFA Migrants experience significantly reduced health care benefits. Study of cancer patients born 1948-1970 relating to radiation in the Marshall Islands.

2015

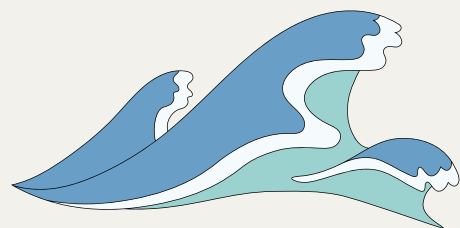
Medicaid coverage to COFA migrants denied and Med QUEST suspended.

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.

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.

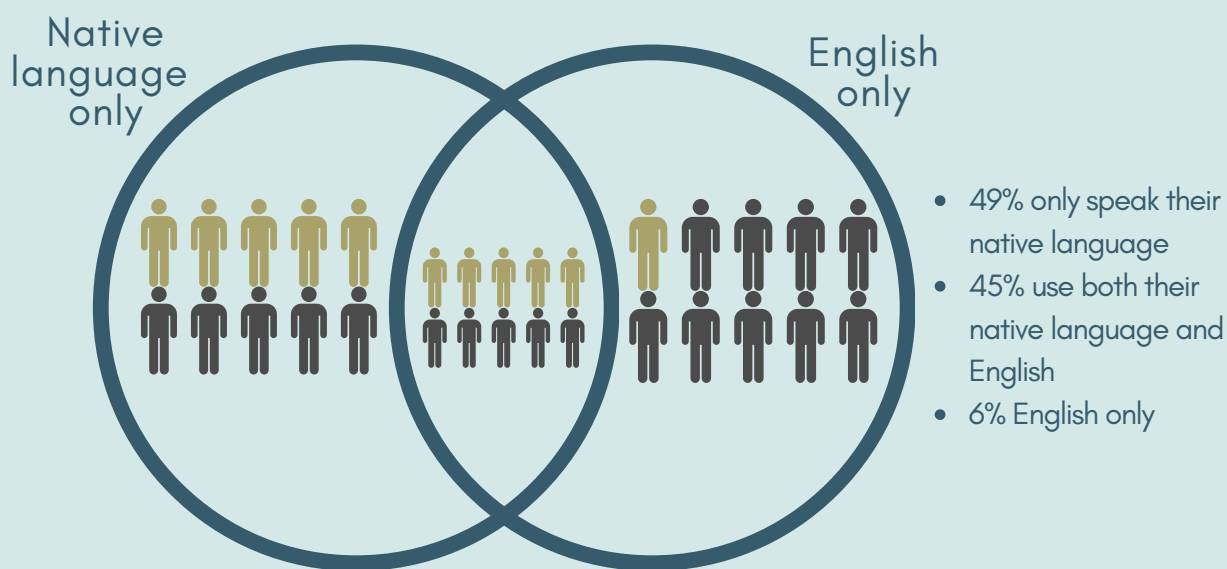


FACTS, STATISTICS, AND DEMOGRAPHICS OF COFA MIGRANTS

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”
- U.S. 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 in permanent healthcare access and coverage as the compacts perpetually grant the US exclusive use and military positioning over the lands, airs, and seas of the three nations it holds COFAs with.

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

