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FAQ: The Micronesian community and Basic Health Hawai'i (BHH)

1. What is COFA anyway?

COFA, the Compact of Free Association, is a series of treaties between the United States and the Federated States of Micronesia, Republic of Palau and the Republic of the Marshall Islands.

2. Why do the COFA residents have a right to receive government benefits at all?

COFA residents make positive contributions to our economy, yet they receive very few government benefits. They are legally eligible to work in the U.S. and required to pay state and federal taxes. COFA states account for the highest per-capita number of U.S. military recruits – more than any other state or territory. Despite being taxpayers, unlike all other immigrants and U.S. citizens, COFA residents can never establish residency and receive Federal government means-tested benefits. Refugees, victims of domestic violence, trafficking victims, those whose deportation is withheld, immigrant victims of crime and asylum seekers are all eligible to receive these benefits, but COFA residents are not.

3. Don't COFA residents place an unfair financial burden on Hawai'i?

The State received \$10,571,000 million for fiscal year 2009 and \$11,229,000 for fiscal year 2010 in Compact Impact funds from the federal government to help pay for services to COFA residents living in Hawai'i. Other states, such as

Washington and Arkansas, have sizable COFA populations. They not only provide comprehensive health benefits, but also food stamps and other state-funded assistance to their COFA populations without receiving any Compact Impact funds.

4. Why should the State pay for coverage for COFA residents in tough economic times?

Spending on COFA residents is a tiny fraction of our overall State budget and a wise investment. It is not a wise investment to eliminate spending on the front end while increasing overall spending for health care, significantly increasing emergency service costs and overloading emergency rooms. In addition, many in the COFA population suffer disproportionately from serious health problems linked to nuclear weapons testing and ongoing U.S. occupation in their home countries.

5. But weren't the services offered by BHH sufficient to maintain a person's health.

BHH's limited health care coverage was inadequate for disabled or seriously ill persons. Some patients used up their allotted doctor visits simply to be diagnosed. Disabled individuals and others often needed more frequent doctor visits, more prescriptions and more access to medical devices than the plan allowed. From a public health perspective, limiting a newly arrived population's access to health care was not a wise

management decision, since there was a need to insure serious illnesses and diseases were diagnosed and treated.

6. How does keeping COFA residents healthy promote health for all and a healthier Hawai'i?

When COFA residents are systemically denied access, chronic conditions fester until they become emergencies. Access to health services ensures that communicable diseases are diagnosed, treated and managed. Reducing a marginalized immigrant population's access to care is shortsighted, does not address the real problem and will not contribute to the health and wellbeing of all State residents.

7. Why does the U.S. have this special relationship with these countries?

The three COFA countries were formerly part of the Trust Territory of the Pacific Islands. Under the COFA treaties, the U.S. exercises strategic control of more than a million square miles of the Pacific between Hawai'i and Guam. For many years, the U.S. tested nuclear weapons in the Pacific. At the nuclear test grounds at Eniwetok and Bikini, 67 open-air atomic and hydrogen bombs were detonated. These blasts were the equivalent of setting off 1.7 Hiroshima-sized bombs every morning for 12 years. Because of

nuclear fallout and militarization, residents were forced to relocate. Diets changed, as traditional agriculture was impossible on lands rendered unusable by fallout or military operations. With few other job opportunities available, proportionally more recruits from COFA nations join the U.S. military than from any other state or territory. The treaty allows COFA residents to live and legally work in the U.S.

8. Isn't this a Federal Problem?

This is a local problem and a Hawai'i issue. Other states provide services for the COFA population without receiving Compact Impact Funds. Only in Hawai'i have we targeted the Micronesian immigrant population, declaring them responsible for the State budget deficit.

9. Wasn't there already a lawsuit about all of this?

COFA residents have fought these cuts in health care benefits for two years. Most recently, in November 2010, Federal Court Judge Michael Seabright found the State violated the 14th amendment by specifically targeting COFA residents for cuts to medical services. He issued a preliminary injunction to reinstate benefits for COFA residents by January 2011. The State is now appealing this ruling.