

Background/Fact Information on HB 2522 – (Health Care for COFA Islanders Residing in Oregon)

Problem Statement:

COFA residents in the state of Oregon lack equitable access to health insurance coverage. They suffer high rates of endocrine diseases and cancers due to the atomic bomb testing conducted in the islands the 1950's. Due to their unique immigration status, their access to health insurance coverage similar to other Oregonians is limited to emergency services only in Medicaid/OHP, and many adults may qualify to purchase coverage on the exchange.

Background:

After World War II the United States assumed administration of the Trust Territory of the Pacific Islands. The Trust controlled the development of the island economies and international relations. It also gave the United States complete military control within the islands. In 1986 the island nations under the trust Territory were given the option of choosing between becoming a commonwealth of the US or independent nations with special agreements with the United States. Three Island territories chose independence. That independence came attached with a unique treaty, known as "Compact of Free Association" (COFA). COFA agreements were made between the US and The Republic of the Marshall Islands (RMI), The Republic of Palau (Palau) and the Federated States of Micronesia (FSM).

The Compact agreements allow the citizens from each of these nations to freely migrate, without work permits or visas, to study, live and work in the United States. It also allows the United States to have a strong military presence in the COFA islands in perpetuity. This means no other nation can have any military agreement with the COFA nations.

Notably, one of the region's largest income sources is the Ronald Regard Ballistic Missile Defense Test Site on the Kwajalein Atoll, Marshall Islands. Non-military Marshallese, even though they work on the base, are not allowed to live on the atoll and cannot utilize the American hospital. Medical facilities are woefully inadequate in the Marshall Islands. There is not even one operational dialysis machine, and basic medication is in extremely short supply.

Facts:

The US conducted 67 nuclear atmospheric bomb tests in the Marshall Islands – the equivalent of 7200 Hiroshima bombs –spreading far reaching nuclear fallout. The radiation levels in many of the islands remain extremely high – up to 7600 milligrays (mGy), compared to 10 mGy in the mainland United States. The Marshallese people

suffer high rates of cancer and other radiation-related diseases. A significant number of migrants continue to suffer from radiogenic diseases, birth defects and chronic illnesses directly tied to U.S. nuclear testing.¹

COFA citizens voluntarily join the US armed services in higher per capita rates than US citizens.

COFA residents living in the US pay all taxes: State, Federal and local.

Even though COFA residents are legally in the US, they are considered “permanent nonimmigrants” and are not eligible for SSI. This is because they do not meet the PRUCOL (Public Residents Under the Color of Law) definition as laid out by the Social Security Administration. Most other legal immigrants meet the definition and are eligible to receive Medicaid and SSI.

Medicaid coverage was taken away from the COFA residents in the US in 1996 by the Federal Personal Responsibility and Work Opportunity Act. As a result, they face significant barriers to accessing basic health care.

Health coverage options:

COFA children can qualify for full coverage under Medicaid and the Children’s Health Insurance Program (CHIP). This can include CHIP co-pays that COFA migrants wouldn’t have to pay if the individuals were able to get Medicaid.

COFA pregnant woman age 19 or older are eligible for Medicaid Citizen Alien Waived Emergency Medical (CAWEM) Plus level benefits. These benefits are only available for the duration of the pregnancy. This can include CHIP co-pays that COFA migrants wouldn’t have to pay if the individuals were able to get Medicaid.

COFA non-pregnant adults age 19 or older are only eligible for Medicaid emergency services benefits, they may Purchase a Qualified Health Plan during open enrollment through a Health Insurance Marketplace. They may also qualify for tax credits or cost sharing reductions depending on their income.

The following are rough estimates of COFA residents in Oregon:

There are an estimated 9,000 COFA residents in Oregon: 3,000 RMI, 5,000 FSM, 1,000 Palau.

- Of these, 40 to 50% are American-born. This leaves 4,500 to 5,400 non-citizen COFA residents living in Oregon.

¹ Simon, Steven L. et al. “RADIATION DOSES AND CANCER RISKS IN THE MARSHALL ISLANDS ASSOCIATED WITH EXPOSURE TO RADIOACTIVE FALLOUT FROM BIKINI AND ENEWETAK NUCLEAR WEAPONS TESTS: SUMMARY.” Health physics 99.2 (2010): 105–123. PMC. Web. 4 Feb. 2015.

- An estimated 35% of COFA residents are children under 18.
- COFA residents experience income disparities. Approximately 40% of COFA residents in Oregon live at or below 200% FPL, compared to 25% of Whites.²

A 2008 study of Marshallese health care patterns found that “their health care depends heavily on curative and tertiary care and health care assistance in the public sector.”³

Many COFA residents have chronic diseases and are in need of preventative care under the supervision of a physician and need to be seen on a regular basis as determined by the doctor. For instance, diabetes and thyroid disease are common to COFA islanders subjected to high levels of radiation. These diseases have significantly better outcomes and fewer complications when monitored and treated by physicians.

Because most COFA residents are unable to afford medical care and insurance, their situation results in a lack of preventive primary health care services. This leads to higher-cost tertiary care and emergency room use.

Considering the higher incidence of endocrine diseases and cancers in COFA citizens due to the atomic bomb testing done in that area in the 1950’s, it can be assumed that a higher percentage of Islanders will need continuing medical care than the US population as a whole. When monitored closely, chronic endocrine diseases have fewer complications (renal disease, neuropathy, cardiovascular disease) with less severity. Cancers caught in the earlier stages have much better survival rates and cost less to treat than when not found until well established. These considerations lend themselves to the thought that less cost over time would be required if the COFA people received timely medical care.

² Curry-Stevens, A. & Coalition of Communities of Color (2012). The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile. Portland, OR: Portland State University. Web. 4 Feb. 2015.

³ Choi, Jin Young (2008). Seeking health care: Marshallese migrants in Hawai‘i. *Ethnicity and Health*, Vol 13 No1: 73 – 92. Web. 4 Feb. 2015.