

TRUK STATE HOSPITAL

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INTRODUCTION

Ask anyone on the road what he thinks of the Truk State Hospital today and he is likely to say that the hospital is terrible; the bathrooms stink, the medicine is inadequate, the wards are filthy, and the staff does not do its job well. In other words, there is a shortage of supplies, the facilities are breaking down and patient care is minimal. The legislature has openly criticized the hospital for its present condition. Even many of the hospital staff themselves agree with the public that service is inadequate and facilities are run down.

Before anyone jumps to a conclusion and blames the hospital administration or the government for the poor condition of the hospital, he should take a closer look at the entire picture. Is it because of lack of money or poor administration and staffing that these problems result? Our main purpose in putting this paper together is to study the problems of Truk State Hospital, review its administrative organization and its source of funding, and analyze the causes of the problems that afflict our Truk State Hospital.

ORGANIZATION AND STAFFING

The State Department of Health Services is made up of three sub-departments: Sanitation and Environment, Hospital and Dispensaries, and Dental. These three sub-departments of the Department of Health Services, as well as the divisions that make up the Hospital and Dispensaries, are all under one director whose office is located in the hospital. At present, the department is headed by Dr. Ngas Kansou, who is responsible for all the Health Services activities in Truk. In this paper, however, we will be concerned exclusively with the hospital.

Truk State Hospital was built with \$3 million in Capital Improvement Project funds in 1970 by Peck, a construction company from Washington, and was opened in 1971. The hospital started out with a total of 125 beds and has a present staff of 223. The hospital is run by an administrator who is responsible for the hiring and termination of employees, the purchase of medical supplies, materials and equipment, and the supervision of doctors, nurses and medex. In short, the Hospital Administrator, at present Mr. Daro Malon, is fully responsible for all operations within the hospital. Since the Director of Health Services has an office in the hospital, he is very much involved in the affairs of the hospital; in fact, together with the Administrator, he personally oversees the operations of the hospital. The hospital is organized into seven divisions; medical care, public health, radiology, nursing, pharmacy, laboratory, and the record room. The medical care division, headed by Dr. Kerhart Aten, is responsible for the treatment of patients, outpatients as well as those in the hospital. Public health division, headed by Dr. Imao Akitekit, tries to prevent infectious diseases and is responsible for medical check-ups. The laboratory, under the supervision of Robert Gelder, an expatriate, is where all the tests and research are done. The nursing division, under the supervision of Shinobu Poll, has the largest number of employees in the hospital. The pharmacy division is responsible for the distribution of medicine according to prescription.

The Truk State Hospital, at present has a total of seven physicians, two of whom are expatriates. Dr. Kerhart Aten, who obtained his degree in the Philippines, is the only Trukese medical doctor that Truk State has. The other four local doctors, all graduates from Fiji, are practicing as medical officers. Of the four Trukese medical officers now serving in the State, two are in administrative posts: Dr. Ngas Kansou, the Director of Health Services, and Dr. Imao Akitekit who supervises the Public Health Division. There is one additional Trukese medical officer, Dr. Kiosi Aniol, who is now working in an administrative post in Ponape for FSM government. Because of the past shortage of doctors, Medex were introduced some years ago. They were trained to aid patients with minor problems or when doctors were not available. Truk State Hospital now has a total of eleven Medex, one less than it used to have in 1975.

The hospital has a total of eighty^{two}-three nurses. Twenty-four of these are graduate nurses who have completed four years at the School of Nursing in Saipan, and four of them have gone to the US for further education. Truk State Hospital does not have any registered nurses at present. The rest of

the nurses (59) are practical nurses who have no further education than their four years in high school. Much of what they do in the hospital is made possible by their experience and on-the-job training with the graduate nurses. A total of fifty-seven nurses work in the five wards of the hospital, with an average of four nurses working on each shift. The hospital at present has a total of ninety beds. The ratio of nurses to patients is one-to-sixteen, much higher than the US rate of one-to-six, it should be noted.

As for maintenance and operation, the hospital has a total of eighteen employees, all of whom are Micronesians. Maintenance and operation, under the supervision of Rokuro Mori, is responsible for the neatness of the hospital both outside and inside, its security, its supplies, and all its communications with the outside.

FUNDING

Health Services Department gets its money from five funding sources. The Department of Interior (DOI) grants by the US congress and the US Federal health program funds provide the bulk of the Health Services' financing. A minor source of revenue comes from medical and dental fees collected from patients, a practice begun in 1977 to increase the local revenue. Because of shortages in the regular budget, supplemental funds have been added in the past years. Two ways of supplementing the budget are presently through the State Legislature and US Federal funds. In addition, supplemental funds are occasionally obtained from the FSM Congress upon request.

The money allocated from the DOI grants reflects line-item budgeting for the following activities: hospital and dispensaries, medical referrals, environmental and sanitation, dental services and medical supplies. Since our study is on the hospital, emphasis will be given only to hospital and dispensaries, medical supplies and medical referrals.

Each year for the past seven years, Health Services has obtained more than \$1.5 million in DOI grants for its operational expenses. Hospital and dispensaries receive an average of 72% of that total, medical supplies 15%, and medical referrals 7%. Altogether then, these three areas are allocated about 95% of the total DOI grants.

In 1982, for the first time, Health Services' DOI grant exceeded \$2 million. The DOI allocation for the present year is \$2,229,000, as compared with the FY 76 grant of \$1,805,000 (See Table I). In FY 77, the DOI grant went up to \$1,932,500, but decreased to \$1,782,800 in FY 78 and declined still further to \$1,607,000 in FY 80; the years between 1978 and 1980 were bad years for the hospital budget. In FY 81, the budget rose again to \$1,820,000 and currently stands at \$2,229,000.

But dollar figures do not tell the real story, since galloping inflation has greatly decreased the value of the DOI grants in recent years.

When the dollars allocations to Health Services started decreasing in FY 78, inflation only compounded the financial problems (See Table II). The DOI allocation of \$1.7 million in FY 78 was equal to only \$1.5 million in 1976 dollars. An allocation of \$2.1 million would have been required to equal the level of 1976 funding. So, as the budget from FY 77 to FY 81, the inflation went from \$1.9 million to \$1.7, \$1.6 and \$1.8, the inflation factor cut its real worth in 1976 dollars from \$1.8 million to \$1.3, \$1.1, and \$1.2 million. Even though the present DOI grant is \$2.2 million, the highest in recent history, it is only equivalent to \$1.6 million in 1976 dollars. Therefore, in real terms, it is not even as high as the 1976 funding level.

With skyrocketing inflation, the downward trend of the Health Services budget from FY 77 to FY 80 only worsened, thus increasing the shortage in the budget. However, with FY 81 and 82's increased allocation, this shortage has been partially made up and the real operating budget of the hospital is now close to what it was in 1976.

The share of money allocated for hospital and dispensaries decreased as the total Health Services budget plunged in the years between 1978 and 1980 (See Table I). Even in the current year, with the increased budget, hospital and dispensaries are receiving only \$1.5 million-- still lower than the 1976 allocation.

As a major sub-department, hospital and dispensaries spent an average of 80% of its total allotment for salaries of personnel communication, medical equipment and supplies, office supplies and materials, and capital expenses. As the total hospital and dispensaries budget was cut to its lowest in FY 80, this 20% dropped to only 9%. The effect was to reduce the already thin portion of the budget set aside for ordinary operational expenses. The decline of the operational part of the budget from the \$297,700 in FY 76 to \$98,000 in FY 80 was the major cause for the reduction in medical trips to the outer islands.

Hospital and dispensaries' personnel budget suffered as well. It went from FY 76's \$1.2 million allocation to FY 80's \$.9 million, a decline of \$.3 million that resulted in the loss of one fifth (1/5) of the hospital's employees. Because of budget problems, the hospital staff dropped from 283 employees in 1976 to 223 in the present year.

Health Services never had had a separate budget for medical supplies until 1977. Before that, Health Services head quarters in Saipan did the purchasing of all medical supplies for all the districts from its own budget. But with the decentralization of the TT government in 1977, Truk Health Services became responsible for purchasing its own supplies.

As an activity that receives the second largest portion of Health Services budget, medical supplies is a very important part of the hospital, and it remains a subject of great concern. The first appropriation in FY 77 was \$278,500, but this was increased to \$400,000 by FY 79. That increase took place because of the numerous complaints from the different department that the budget was inadequate to meet the demand for medical supplies. During the next few years, however, the budget declined again to a low of \$224,000 in FY 81. This year, it has risen to \$440,000.

In FY 80, Health Services received \$270,000 for medical supplies, an amount equivalent of \$202,855 in 1977 dollars. The next year it received \$224,000, or the equivalent of \$153,005 in 1977 dollars. Currently, the budget went up to \$440,000, but in 1977 dollars that amount represents only \$273,122. Although the budget for medical supplies has increased in current dollars, the 1982 allocation is just about equal to 1977's allocation in terms of what it will buy (See Table V).

When the hospital can't treat a patient because they don't have the facilities or the skills, it refers the patient to a hospital outside of Truk like Tripler Military Hospital in Honolulu. The hospital pays the patient's travel and medical expenses out of its own budget. In FY 76, medical referrals was allocated \$135,000 and this allocation was upped the next year to \$223,000 due to the increase in the number of patients sent out. Over the next three years, the budget was cut back to \$104,000, and currently is \$127,000.

The expense of medical referrals is one of the causes of the hospital's overexpenditures, since the hospital has no control over how a patient is treated. In 1979, for example, a single patient's bill reached \$73,000 when Tripler Hospital referred this patient to another expensive hospital for additional treatment for his broken spine. As a result of this kind of overexpenditure, the hospital has been attempting a cut back in the number of medically referred patients.

Considering the rising cost of health care due to world-wide inflation and the inadequacy of Health Services budget, we are right to expect shortages and deficits. To minimize these shortages in the budget, Health Services requests supplemental funds from the state legislature and US Federal grants each year.

Each year Health Services obtain more than \$150,000 in Federal funds, 53% of which goes to Maternal and Child Health Services, a service under the supervision of Public Health. For the hospital, our main concern, Federal funds only provide the salaries for seven health assistants.

In FY 77, when Health Services DOI grant was \$1.9 million, the legislature supplemented that by appropriating \$150,000 for the purpose of defraying the hospital operational costs. In FY 78, when the budget went down to \$1.7 million, the legislature supplemented this with only \$60,000 for the hospital's general purposes. There were no further supplements during the difficult years between 1978 and 1980. In FY 81, Health Services requested a number of appropriations. The legislature responded with \$276,506 for that year for purposes like medical supplies, salary of a surgeon, and general operations (See Table IV). There have been no appropriations from the legislature for the present year as of yet.

The final source of funds is the medical and dental revenues collected from patients. These revenues total around \$8,000. Medical revenues are constantly fluctuating: in FY 76, they totalled \$3,450, in FY 78 \$4,870, in FY 79 \$3,670, and FY 81 \$2,970. Despite these fluctuations, we can see local revenues provide a mere average of .3% of the total Health Services budget (See Table V).

So we have seen the different sources of funds for the hospital: the legislature providing more than \$50,000 each year, a helpful yet inconsistent source; Federal funds allocated, for the most part, to areas outside the hospital and providing only seven salaries for the hospital itself; local revenues, although begun so that the hospital would be more self supporting, in actual fact providing only .3% of the budget; and the large yearly subsidies from DOI. Local government support is still almost nonexistent today, as we have seen; Health Services remains virtually 100% government subsidized.

*PROBLEMS OF THE HOSPITAL

The hospital has been declining in physical condition. Sitting out in the lobby, a visitor can see trash on the untiled floor, cobwebs hanging under the roof, broken screens and dirty walls. Inside the humid wards lie mattressless beds while rats, flies, and mosquitos freely roam. The smelly, flooded bathrooms afford no privacy. Last year the Governor was so appalled at the condition of the hospital that he ordered a monthly general clean-up. But the broken down facilities and the cracked louvers and walls never get repaired during the monthly work day because the hospital does not have the money. Although the hospital has a trained mechanic, its automatic starter, water fountain, washer and boiler tubes cannot be fixed because the hospital does not have the money to buy the parts. The Hospital Administrator explained that the lack of money has limited the purchase of equipment and medical supplies. Patients in the wards often request towels and sheets, but never get any because the hospital cannot afford to buy them.

But the physical condition of the hospital is not the only complaint. People who have been admitted into the wards have complained about the poor service that the hospital provides. One patient said that the doctors never showed up to check him. Even in the case of an operation, the assigned nurses sometimes protest that they can not work because they have something else to do. "The nurses and doctors do not care about the sick people," another patient reported; "they sit all day long drinking coffee and never visit the patients." Relatives who visit their sick have claimed that they are the ones doing the nurses' jobs; they clean the wards and provide sheets, pillows and mattresses for the beds. Just recently a patient claimed that he almost died of an infection because his operation was delayed when the nurses and members of the operating team did not show up for the scheduled evening operation. "The nurses are poorly motivated and are only eager to perform their duties when the patient is a relative of their," a group of patients said.

Cases of malpractice have added to the bad reputation of the hospital. In 1979, two patients who were operated on in the Truk hospital and were referred to the hospital in Guam after they took a turn for the worse, finally died, one from blood poisoning and the other because an object was left in his body. Another person was operated on for acute appendicitis when he was actually suffering from parasites, ascaris worms. Another person was sent to Guam to be treated for peritonitis after he developed

an infection following an operation in the Truk hospital. Cases of malpractice have ranged from prescribing patients wrong medicine to faulty operations.

The hospital views the decline in budget as a factor that has affected service care. The lack of funds hampers the purchase of medical supplies; thus, patients cannot be treated. "We just don't have the funds," one official puts it. He implies that the hospital is responsible for providing good service care, but without money he and the staff are helpless. The Director of Health Services agrees that the lack of money has prevented the hospital from providing good health care. He explains that despite Truk hospital's urgent need for a surgeon and other health professionals, they may not be able to employ any from the outside because the hospital does not have the money.

But the state legislature views the problems in a different way. It claims that lack of funds, so often talked about in the hospital, is not the real cause of the problem. The legislature claims that the hospital is not utilizing its funds properly. The legislature reproves the breakdown of the hospital's budget in which too much goes into the salaries of the employees. At one time, the legislature almost closed down the hospital because they felt that it was just spending money and not providing good service care. "We are not satisfied with the way the hospital is being run," one prominent member of the legislature puts it.

CRISIS OF CONFIDENCE

It is obvious that fewer people are utilizing the hospital today than 1976. In 1976, a total of 59,112 outpatients were treated in the hospital, with a monthly average of 4,926 cases. Over the past five years, the annual number of outpatients treated has dropped from 59,112 in 1976 to 30,313 in 1981 (See Table VI). Admissions to the hospital in 1976 averaged 328 a month; this has decreased to 219 in 1981, a 33.2% decline (See Table VII).

It is clear from the data obtained that fewer people are being admitted into the hospital and seeking its service as outpatients. What is responsible for this decrease? Data have shown that not only did admissions and outpatients decrease, but the number of beds have dropped from 125 to 90. This 28% decrease in beds is a result of the lack of money to replace the broken beds. The decrease in the number of beds may have had some effect on the decline in admissions, but it does not explain the drop in the number of outpatients.

Our statistics also show that the hospital's personnel has undergone a 21% reduction since 1976 - from 283 to 223 employees. Due to this cut in personnel, 23 nurses, 19 of whom are practical nurses have been laid off, but the part of the staff that really suffered the most is Maintenance and Operation. Twenty-seven workers in this division have been laid off, including boat operators, carpenters, ambulance and tradesmen. But this cut

in personnel may not be too significant because those laid off could not do any work without money anyway. What good are carpenters without wood, or boat operators without gas? Nonetheless, because Maintenance and Operation is responsible for the cleanliness of the hospital, the poor condition of the hospital is one possible effect of the cut in personnel.

In 1977, a new policy was implemented in the hospital raising the fees for medicine and services. The hospital was supposed to charge for its services ever since it was opened in 1971, policy was never strictly enforced. A loud protest soon went up from the public and in 1980 the state legislature passed a resolution forcing the hospital to lower the price of medicine, thus complying with the people's wishes. For a short time the increased hospital fees may have had some effect on the decline in admissions and outpatients, but it does not seem to have had any real long-range effects.

Another factor that may have been partly responsible for the decrease in outpatients and admissions is the price of gas, which has gone up from .51¢ per gallon in 1976 to \$1.26 in 1982. Hence, travel between the islands today is more expensive than in 1976. It costs the hospital \$80 on the average to make a single trip to another island in the lagoon and back. Due to the shortages in funds and the high price of gas, the hospital has cut down its trips to the lagoon islands. People from other islands, too, are possibly less able to afford to bring their sick to the hospital

It is true that the price of gas has affected the neighboring islands and communication with the hospital, yet even the people who reside on Moen seem to hesitate to visit the hospital despite their urgent needs for health care. A family reported pulling their son from the hospital because his broken jaw got worse and the only treatment that the hospital provided was aspirin to diminish the pain. Another woman refused to bring her child to the hospital and let him be admitted even though he suffered and eventually died from serious parasite infestation. Her comment was, "I don't trust the hospital and the workers." The poor facilities and service of the hospital have caused some people, especially those who are well off, to go to other hospitals for the care they need. Two big business families in Truk claim that they do not go to the Truk hospital, but go to the other hospitals in Guam and Ponape instead for their check-ups. Finally, a group of people from one of the neighboring islands that we interviewed reported, "We are losing confidence in the hospital. It is better for our relatives to die on our islands than to bring them to the dirty wards in the hospital and experience poor treatment and inadequate medicine."

The hospital has suffered from a serious lack of medical supplies. The years from 1978 to 1981 were low years for medical supplies, with the exception of 1979, when \$400,000 was allocated for this purpose. The problem is not as severe this year, since \$440,000 was allocated from DOI grants for medical supplies in FY 1982. There have been numerous complaints from the public about the lack of medical supplies. "It is ridiculous," one person explained, "When I went to the hospital with my bruised leg, the only thing that they provided was bandage, no ointment." Another person reported that he went to the hospital because he got a rash all

over his body and was suffering from high fever, but the doctor did not give him any medicine; instead, he told him to use hot water. The lack of medicine has probably affected the number of people seeking health care in the hospital. What is the use of going to the hospital when there is no medicine?

Complaints gathered from the public have shown that the people are also hesitant to consult the hospital for health care because of its poor service. One person reported that he went to the hospital but never got to see a doctor after waiting in the lobby for two hours. Another complaint from the public stated that doctors sometimes never respond to emergency calls, especially at night. It has almost become a general opinion of the public that service in the hospital is very minimal. As one man concluded, "It is better to stay home than waste time seeking service care in the hospital."

We have seen several possible reasons for the decline in in and outpatients over the past five years. High medical fees, the increased price of gas, cuts in hospital personnel, and lack of facilities may have contributed to the drop in people seeking the services of the hospital. Yet, by themselves, these reasons do not seem to explain the great decrease. All the evidence from interviews with the public points to another reason -- people's growing lack of confidence in the hospital.

WHO'S TO BLAME?

By now, one may understand how funding shortages relate to the deterioration of the hospital's physical condition and the lack of medical supplies and facilities, but he may not readily accept that the poor service care provided by doctors, Medex, and nurses is due to the same cause. From this kind of person comes the complaint that "the administration is not fulfilling its responsibilities." It is the administration's responsibility to see that the hospital's employees are doing their duties well and that the hospital budget is effectively utilized.

"Doctors are very slow in responding to emergency calls; the nurses do not check patients as often as they should; Medex don't know what they are doing," are the usual complaints about poor service. The hospital administrator admits all of this, but explains that "the employees are demoralized from lack of money." From the barrage of complaints, one concludes that, yes, the service is poor, and the administration has shown little capability in solving the problems.

One of the physicians in the hospital sees the poor physical condition of the hospital as the fault of the administration. "Even with little money, the hospital still can make better use of it," says this physician. There are others who agree with him that the funding shortage is not the main problem. There is also the question of how the budget is utilized, where it is being spent. As one interviewed person stated, "money should be distributed according to correct priorities and unnecessary spending should be cut."

The legislature happens to be among the loudest critics, and their complaints are magnified by their authority in the hospital by virtue of their Advise and Consent powers over the nomination of the Director of Health Services and their control of supplemental funding. The legislature realizes the hospital is in a state of crisis and attributes it to the administration. Legislators claim that the hospital is not doing its job well and the administration is not utilizing its funds well.

When these accusations were presented to the hospital administration, the administration admitted them but went on to argue that it is not totally their own fault. The Trukese culture, they said, makes it very difficult to enforce strict policies. To cut salaries and to buy more supplies, to fire workers when this seems necessary and to enforce vigorous work policies are some of the things that can not be done easily because of the culture. For example, one is condemned for talking back to an older person or ordering that person around. Likewise, nurses find it difficult to tell visitors to leave wards when visiting hours are over; the administration finds it hard to fire a long-term employee, and the clerks are embarrassed to demand medical fees from patients who do not offer them. So the culture contributes to the hospital's difficulty in upholding its own policies.

Besides complaining, what can the public do about their own hospital's problems. Some extreme measures would be: removing employees, closing the hospital, or letting a different institution run the hospital. Yet there is no one person or group that should be blamed alone. Improvement of the Hospital lies in the hands of the whole Health Services staff, the government, and the public itself. "There has got to be a lot of local effort... even if you have to go the volunteer route. It's a matter of pride. There isn't going to be more money," said the new High Commissioner, Mrs. Janet McCoy, when touring the hospital.

THE FUTURE OF THE HOSPITAL

Over the span of the six years from 1976 to 1982, the hospital has been declining in physical condition and service care. The budget, totally a government subsidy, has been decreasing until the present year, thus effecting the physical condition and the service care. Poor facilities and service care have led to a decrease in the number of patients using the hospital.

What then, can be done to improve the situation? Will frustrated doctors and employees resign, or will the government invite an outside institution to run its hospital? Or if things do improve with the current higher level of funding, will the improvement be very temporary?

The first phase of a \$1.3 million rehabilitation project has been completed this year, the replacement of the roof. The second phase will include purchasing and overhauling equipments, painting the interior and exterior of the hospital, and replacing broken woodwork and toilets. In two years, the hospital should be in good physical condition once again. But how long will that last? Will the hospital begin to deteriorate once again and in another five years be in

the same condition that it is in today? Will the repairs on the hospital be like every other CIP project where a maintenance budget is unknown?

It is not an impossibility that doctors will leave the hospital to set up private clinics. This has been done in Palau, Ponape, and Marshalls, often by doctors who have expressed their dissatisfaction towards the government hospital. One of the Truk doctors claimed that some of the staff have been considering the idea. "The only thing that prevents them from doing this is their insufficient skills to work alone," he said.

In 1980, a solution to the critical condition of the hospital was offered by the Seventh Day Adventists (SDA). They requested of the state legislature, the governor, and the hospital administration that they be allowed to take over the Truk hospital. Despite all the preparations that the SDA went through, they were at the last minute refused by the Director of Health Services, who represented his whole staff's position on the matter. The take-over would mean high medical fees, clean wards, and an open system of hiring and firing employees--in other words, a more westernized hospital.

This type of outside supervision could be a deliverance put of this critical situation, but the opposing group argues that the hospital is ours and should be run by our own people. "The problem of the hospital are the people's problems and should be solved by the people," the Director stated. "The Trukese people should feel that the Truk hospital is their hospital and they are the people who should help out." His point is a very good one, but the future of the hospital remains uncertain. An improved hospital will require the full cooperation of every individual in the Truk community.

TABLE I

DEPARTMENT OF INTERIOR (DOI) GRANTS TO TRUK
DEPARTMENT OF HEALTH SERVICES*

	1976	1977	1978	1979
Hospital Dispensaries	\$1,491,700	\$1,267,500	\$1,193,700	\$1,124,000
Medical Referrals	\$ 135,000	\$ 223,000	\$ 110,000	\$ 104,000
Envirnmental Health	\$ 47,000	\$ 48,000	\$ 41,200	\$ 38,600
Dental Services	\$ 131,000	\$ 114,000	\$ 124,000	\$ 116,000
Medical Supplies	-0-	\$ 278,500	\$ 313,200	\$ 400,000
TOTAL	\$1,804,700	\$1,931,000	\$1,782,100	\$1,728,600
	1980	1981	1982	
Hospital Dispensaries	\$1,087,000	\$1,316,000	\$1,484,000	
Medical Referrals	\$ 104,000	\$ 115,000	\$ 127,000	
Envirnmental Health	\$ 39,000	\$ 47,000	\$ 48,000	
Dental Services	\$ 111,000	\$ 118,000	\$ 130,000	
Medical Supplies	\$ 270,000	\$ 224,000	\$ 440,000	
TOTAL	\$1,611,000	\$1,820,000	\$2,229,000	

* Information obtained from Truk Hospital.

TABLE II

COMPARISON OF YEARLY DOI ALLOCATIONS TO HEALTH SERVICES *

FY	FUNDING (in current dollars)	FUNDING (in 1976 dollars)	ALLOCATIONS NEEDED TO EQUAL 1976 LEVEL (in current dollars)	FUNDING DIFFERENCES (in current dollars)
1976	\$1,805,000	\$1,805,000	-0-	-0-
1977	\$1,932,000	\$1,808,701	\$1,928,546	+ \$ 3,454
1978	\$1,782,800	\$1,551,322	\$2,074,329	- \$ 291,529
1979	\$1,784,000	\$1,392,321	\$2,312,772	- \$ 528,772
1980	\$1,607,000	\$1,094,048	\$2,615,287	- \$1,044,287
1981	\$1,820,000	\$1,250,000	\$2,717,928	- \$ 915,928
1982	\$2,229,000	\$1,654,322	\$3,003,310	- \$ 774,310

*Information obtained from Truk State Hospital

TABLE III

TRUK LEGISLATURE SUPPLEMENTAL
FUNDS TO HEALTH SERVICES*

<u>YEAR</u>	<u>FUNDING</u>	<u>PURPOSE (BILL NO.)</u>
1976	\$15,000	For maintenance and repair of dispensaries in Truk (No. 26-5)
	\$ 5,000	For the construction of coffins for hospital (No. 26-13)
	\$ 2,000	For funding transportation costs to Truk Hospital on emergency cases occurring in Truk lagoon (No.-26-17)
TOTAL	\$22,000	
1977	\$150,000	For the purpose of defraying the hospital operation cost (No. 27-14)
TOTAL	\$150,000	
1978	\$60,000	From the general fund of Legislature for the cost of Health Services and other purposes. (No.-27-1-5)
TOTAL	\$60,000	
1979	\$20,000	From the general fund for maintenance and repair of dispensaries throughout the State of Truk (No. 2-12)
TOTAL	\$20,000	
1980	\$116,000	
TOTAL	\$116,000	
1981	\$65,000	Medical Supplies (No. 2-2-12)
	\$31,000	Salary for Surgeon (No. 2-2-13)
	\$152,031	Supplement Health Services operation cost (No. 3-38)
	\$12,650	Nurses to attend American Pacific Nurse Leadership (No. 4-58)
	\$15,825	Salaries of health assistants (No. 4-49)
TOTAL	\$276,506	
1982	-0-	

* Information obtained from Truk State Legislature

TABLE IV

DOI ALLOCATIONS FOR MEDICAL SUPPLIES*

YEARS	Authorized Funds (in Current Dollars)	Funding (in 1977 Dollars)	Allocations neede to equal 1976 level (in Current Dollars)
1977	\$278,500	\$278,500	-0-
1978	\$313,200	\$284,727	\$306,000
1979	\$400,000	\$330,578	\$336,000
1980	\$270,000	\$202,855	\$370,684
1981	\$224,000	\$153,005	\$407,724
1982	\$440,000	\$273,122	\$448,664

TABLE V

MEDICAL AND DENTAL REVENUES FROM FEES*

	1976	1977	1978	1979	1980	1981
Medical Revenue	\$3,450	\$4,560	\$4,870	\$3,670	\$3,780	\$2,970
Dental Revenue	\$5,373	\$2,377	\$2,227	N/A	N/A	N/A
Total	\$8,823	\$6,937	\$2,097	N/A	N/A	N/A
Percentages of total Health Services budget	.4%	.3%	.4%	--	--	

*Information obtained from Truk State hospital

TABLE VI

NUMBER OF OUTPATIENTS BY MONTH IN TRUK HOSPITAL (1976-1981) *

MONTH	1976	1977	1978	1979	1980	1981
Jan.	6,049	4,463	3,182	4,869	4,037	2,064
Feb.	5,222	4,478	2,903	3,964	3,830	1,903
Mar.	6,091	4,730	2,374	3,367	3,331	2,527
Apr.	5,527	6,040	2,972	3,439	3,039	2,555
May.	5,749	4,740	4,171	3,556	2,145	1,918
Jun.	5,064	2,728	4,399	3,485	1,598	2,785
Jul.	4,293	3,218	4,511	3,474	2,779	2,518
Aug.	6,423	4,987	3,730	3,789	2,225	2,721
Sep.	4,030	4,022	2,639	3,344	3,054	2,827
Oct.	3,586	3,977	2,571	3,572	3,220	2,766
Nov.	3,419	3,947	3,701	3,699	2,518	2,844
Dec.	3,669	3,252	2,625	3,459	1,883	2,885
TOTAL	59,112	5,582	39,778	44,017	33,669	30,313

TABLE VII

AVERAGE MONTHLY ADMISSIONS TO TRUK STATE HOSPITAL (1976-1981) *

YEAR	ADMISSIONS
1976	328
1977	258
1978	279
1979	297
1980	244
1981	219
1982	177**

Average based on figures reported for January and February only **

Information obtained from Truk Hospital *