



## **Understanding Marshallese Patients: Cooperating Across Cultures**

**--Julianne Walsh Kroecker, PhD**

# Initiative and Objectives

- To understand basic principles of Marshallese social organization and the impact of historical ties with America/ns
- To appreciate how Marshallese values and beliefs about health care impact treatment and interactions with providers
- To identify challenges and strategies for culturally appropriate services

# Part I

## Political Relationships, Living Conditions, Cultural Interactions

# The First Marshall Islands National Anthem



**Ij yokwe lok ailin eo ao, ijo iar lotak ie,  
melan ko ie, im ial ko ie, im iaieo ko ie.**

**Ij jamin ilok jane, bwe ijo jiku emol,  
im ao lemoron in dreo. Emon lok ne  
inaj mij ie.**

I remember with nostalgia my island, the place where I was born --the surroundings, the paths and the people coming and going there. Never will I go from it, because here is my rightful place and my heritage forever. I would rather die there.



# Freely Associated States (FAS)

- The Republic of Palau (ROP), the Federated States of Micronesia (FSM), and the Republic of the Marshall Islands (RMI) are independent countries that are “Freely Associated” with the United States. Their status as “Freely Associated States” is defined separate “Compacts of Free Association” (CFA) between each nation and the United States.
- These Compacts are US congressionally-approved international treaties that spell out the rights and obligations of the US and each respective nation. Although each nation has its own unique terms, all share the main provisions.

# CFA Provisions

In return for granting the US the right of perpetual strategic denial, each nation is:

- compensated financially with direct support for a national government operations,
- eligible for particular US federal programs (Federal Aviation Administration, US Postal Service, Federal Emergency Management Agency relief, Head Start, Upward Bound, etc.), and
- permitted visa-free entry into and work eligibility in the United States for its citizens.
- The economic provisions of the Compact last 15 years (RMI and FSM, 1986-2001; Palau 1994-2009), and may be renegotiated.

# RMI Additional CFA Provisions

- Section 177: Compensation and health care for nuclear testing victims from four atolls (approximately \$200m).



Bravo Shot at Bikini

- Kwajalein Atoll rental for US missile defense system testing (approximately \$180m)
- Total RMI Compact funding received over 15 years (1986-2001): \$1 billion.

The mission of the Ronald Reagan Ballistic Missile Defense Test Site (RTS) is to provide a Major Range Test Facility Base (MRTFB) activity on Kwajalein Atoll & Wake Island to support:

- Operational and Developmental Testing of
  - Theater Ballistic Missiles
  - Strategic Ballistic Missiles
  - Theater and Strategic Missile Interceptors
- NASA Space Operations and Experiments
- U.S. Space Command
  - Near Earth Surveillance
  - Deep Space Surveillance
  - Satellite Tracking &
  - New Foreign Launch Coverage

The logo for the Ronald Reagan Ballistic Missile Defense Test Site (RTS) is a circular emblem with a purple border. Inside the circle, the letters 'RTS' are prominently displayed in a stylized, metallic font. Above the letters, a missile is shown in flight, leaving a trail. The text 'Ronald Reagan Ballistic Missile Defense Test Site' is written around the inner edge of the circle, and 'Reagan Test Site' and 'Kwajalein Atoll' are written at the bottom. The logo is overlaid on an aerial photograph of the Kwajalein Atoll, showing the island's coastline and surrounding waters.

Ronald Reagan Ballistic Missile Defense Test Site at Kwajalein Atoll

# Compact Impacts

**Migration** – Circular, due to ease of entry

Access vs development

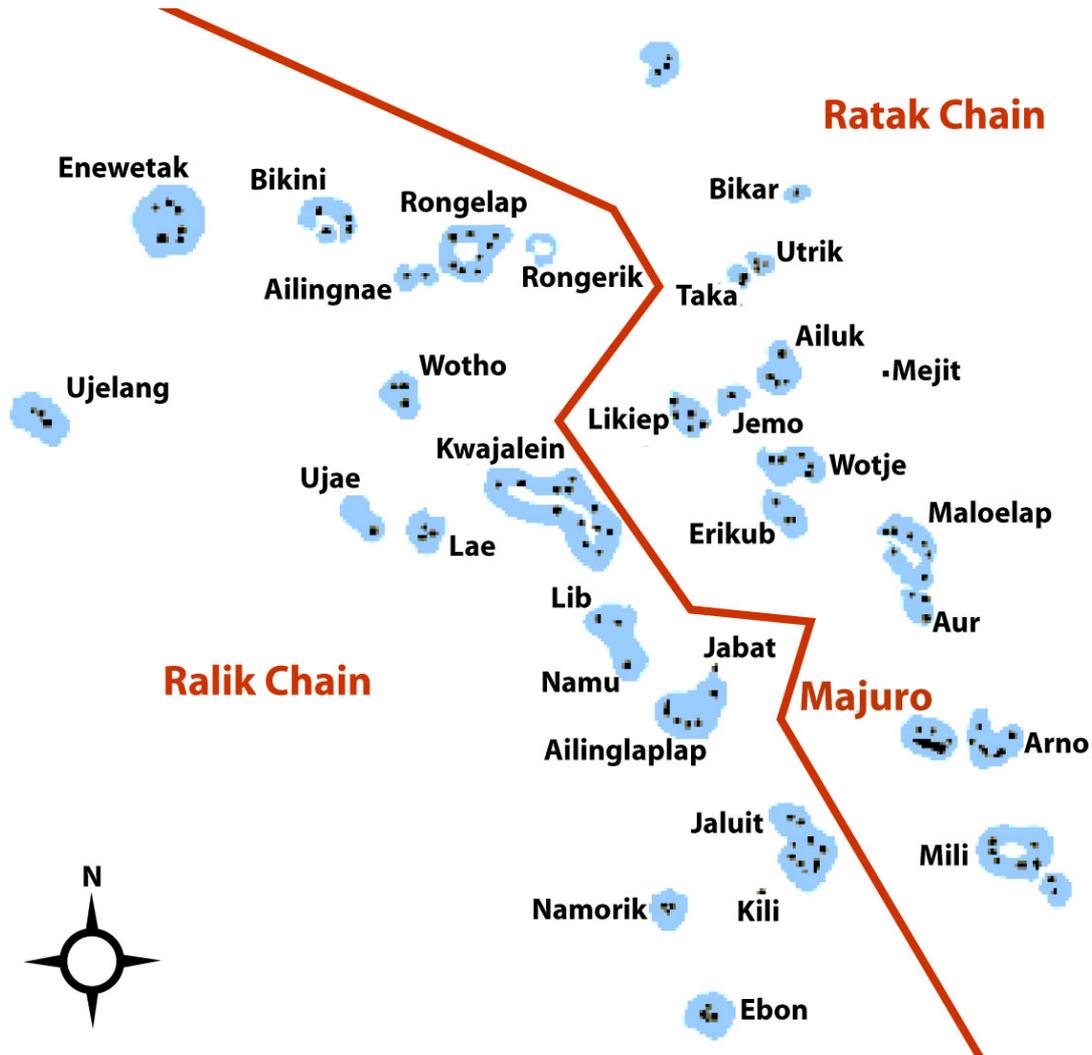
**Eligibility** for federal programs

Ambiguous status, lack of American general public awareness of history and relationships between FAS and US

Excess US funds contributed to immense **social changes**: migration to urban centers, a population explosion, imported diet, land and power transformations, a cash economy, the breakdown of nuclear families, and the disintegration of traditional social services for imported social programs

US patrilineal and patriarchal influences altered women's roles in society; men chosen leaders of new foreign institutions.

# Map of the RMI



The Republic of the Marshall Islands (RMI) is a nation consisting of 28 coral atolls, and 5 coral islands that stretch Southeast to Northwest in two chains. The *Ratak* (sunrise, eastern) and *Ralik* (sunset, western) chains are spread over 750,000 square miles of ocean.

In contrast, the land area of the nation is 70 square miles.

# RMI Economy

- Government operations funded by US
- Nuclear claims compensation
- Land compensation for use of Kwajalein Atoll
- Copra (dried coconut) as cash crop
- Handicraft production and sale
- Leasing of 200 miles Exclusive Economic Zone (EEZ) fishing rights to foreign nations
- Secondary services
- Limited subsistence: scarce soil, land, and fresh water supply
- Foreign Aid (Taiwan, Australia, Japan, etc.)

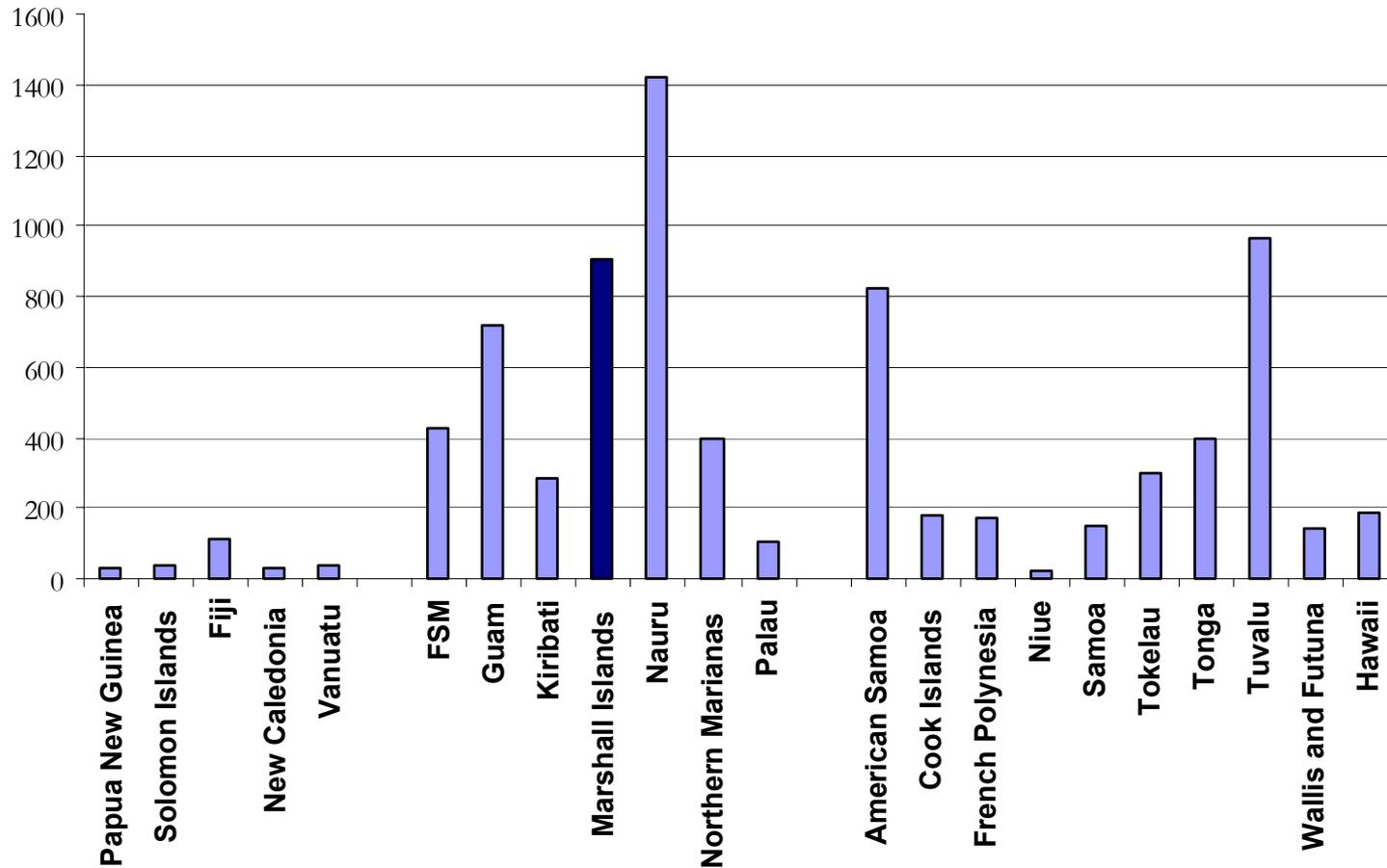




EBEYE, KWAJALEIN

Land Area: .14 sq. mile Population Density: 66,000 square mile

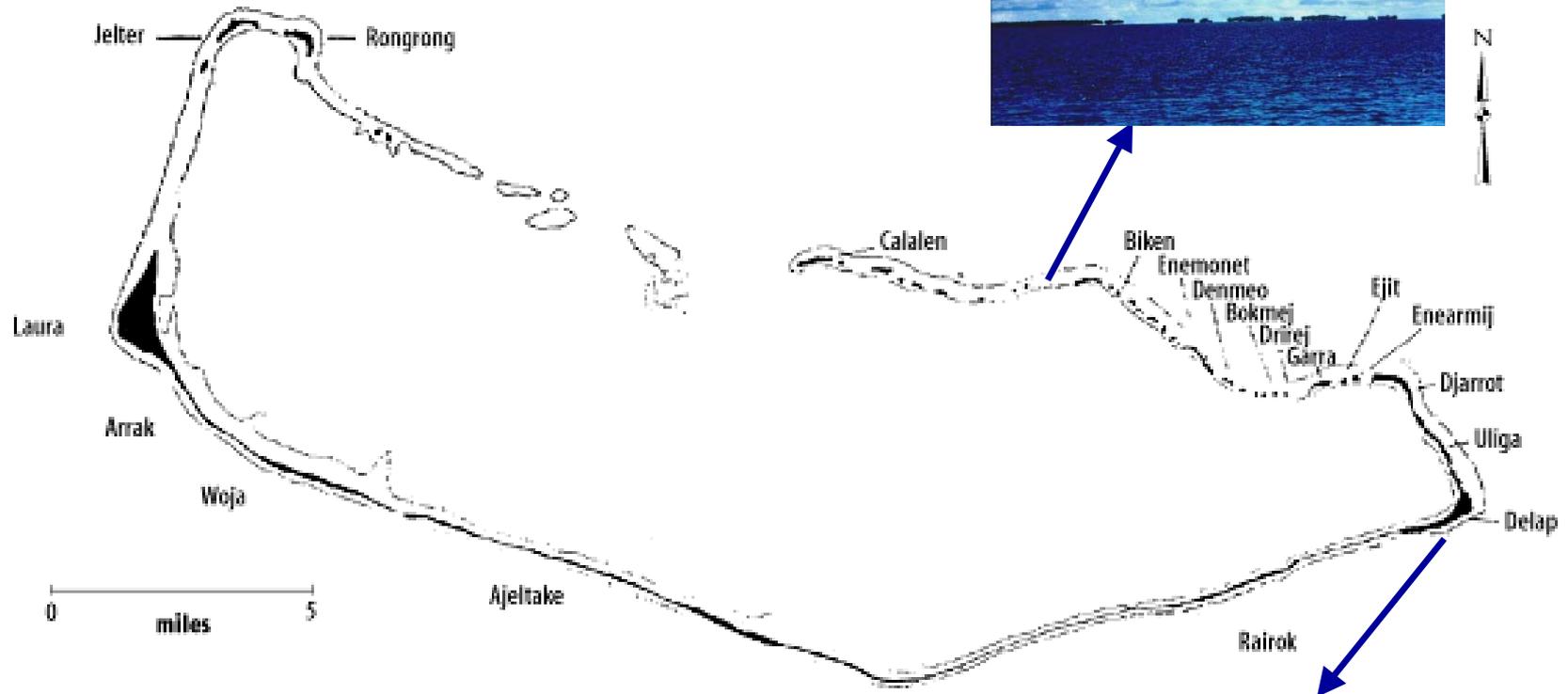
# Pacific Islands Population Densities per Square Mile



# RMI Statistics

- Population: 50,840
- Dependency ratio: 12.4 (each wage earner supports 12.4 people)
- 43% of population below age 15
- 68% reside in Majuro or Ebeye
- Growth rate of 4.2% (1988) declined to 1.5% in 1999 census.
- Unemployment rate of 9.7% (1988) rose to 31% in 1999
- Average income:

# Majuro Atoll



Land Area: 3.75 square miles  
Population: 23,676; Density: 6,314 people/mile

Map Source: <http://life.csu.edu.au/marshall/html>





Aerial views of downtown Majuro



Marshallese rely on imported foods for 92% of their diet.

A recent Ministry of Health report stated that over half of the first graders in Majuro schools are malnourished (2001).



# Significant Culturally Patterned Behaviors, Beliefs, and Principles of Marshallese Society

**Hierarchy:** Know your position, show respect and obey authority. Chiefs and *kajur* (strength/commoners), also, older and younger siblings, relatives, etc. Never argue with authority, unless there is another provider to lean on.

**(Inter)Dependency:** The ideal, not a negative. When loyal to authorities, they provide for you, are obligated to provide for you. (Ex. US obligation to people of Bikini and Enewetak -asserting dependency.

**Matrilineal clans:** Traditionally, identity, status, and inheritance comes from the mother – only. Land passed down through women; men may use, but not keep land for their children.

Language link: *bwij* (lineage), *bwijen*, (navel, umbilical cord) *bwidej*, (land, from mother)—mother/food/lineage/land are inextricably connected as life-giving.

# Primary Health Concerns and Limitations for Treatment in the FAS

- Diabetes
- Cancer –reproductive and thyroid
- Hypertension
- Heart disease
- Geographically dispersed populations, limited health funding at all levels
- Inadequate facilities, leading to off-island referrals

# RMI Health Statistics

- Life Expectancy: Male-66, Female-69
- Infant mortality rate: 27/1,000 live births
- % of low-birth infants: 13%
- % of teens giving birth: 20%
- Physicians/population: .5/1,000
- Health Assistants/population: 3/1,000
- Total Fertility Rate estimated at 5.7
- 45% of all hospital admissions related to childbearing, pneumonia, abscesses, cataract, diabetes, asthma, pulmonary TB, diarrhea
- 1/3 of health budget allocations go to referrals to Hawaii and Manila, in FY 1996 \$2.4 million.

# Part II

## Case Studies, Challenges, and Strategies

# Provider Challenges

- Delayed and/ or abbreviated treatment
- Time: Late or missed appointments
- Translation /Interpreter ?
- Telephone communication
- Lack of follow-up
- “Yes”
- Silence
- Deference to authority means limited decision-making
- Dependency
- Inconsistent names and documents

# Patient Challenges

- Transportation – dependence on others
- Translation – dependence on others
- Prior commitments and priorities – family first
- Sex roles and taboos – gender of doctor and translator
- Definitions of disease (cure vs. treatment for discomfort)
- Lack of medical knowledge – dependence on authority
- Embarrassment and guilt for missed appointments, fear of scolding
- Understandings of time—*awa in Majol*, vs *belle*.
- Changing diet – lack of familiarity with vegetables
- Non-complaint status
- Impersonal care, hurried doctors and staff, rejection of familiar means of showing gratitude

# Beliefs and Practices

- Delayed and/or abbreviated treatment
- Definitions of disease (lice, boils, scabies)
- Cultural taboos about sex impact ability to discuss particular illnesses
- Some illnesses are supernaturally imposed
- Pregnancy has many behavioral taboos, and rituals, including herbal beverages and baths

# Communication Strategies

- Determine ethnicity –Chuukese, Pohnpeian, Marshallese, etc.
- Recognize that your own authority impacts your interactions
- Ask questions and listen patiently --very, very, very patiently.
- Offer alternatives, encourage choices.
- Ask about household composition, transportation, accessibility to resources, translation possibilities.
- Express your care and concern.

# “Yes”

- Be aware that YES has more than one meaning due to the necessity of cooperating with authority and the discomfort of refusing others' requests.
- Yes may mean yes, no, or maybe.
- Ask follow up questions. WAIT PATIENTLY.
- “Can you come at 4?” can be followed with: How will you get here? Would 4:30 be better for you? Can you take the bus if your ride is late? Would you give me a call if you won't be able to come so I can schedule other patients?
- Make it clear that No is an acceptable response. “It's okay if that time doesn't work for you. Tell when is better.”
- Assure them they are welcome to bring a friend.



*Kommol tata* for your care and concern for your  
Marshallese patients and families!