PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION

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September 4, 2020

The Honorable Alex M. Azar II, JD
Secretary of Health and Human Services
Office of the Secretary
Health and Human Services
Washington, D.C

Dr. Robert Redfield, MD
Director
Centers for Disease Control and Prevention
Atlanta, GA

RE: Requested COVID-19 Vaccine Approach and Prioritization for the US Pacific Island Territories and Affiliated States

Dear Secretary Azar and Dr. Redfield,

Greetings from the Pacific!

Before speaking to the topic of this communique, first, as the chief health officials of the three US Pacific Island territories of American Samoa, Commonwealth of the Northern Mariana Islands (CNMI) and Guam, and the three US-affiliated Compact nations of the Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI) and Republic of Palau, we would like to express our deep appreciation of the monumental efforts made by HHS and its agencies (CDC, FDA, ASPR, HRSA and SAMSHA) and other federal partner agencies such as DOI, FEMA and Indo-Pacific Command, for supporting and enhancing our efforts and capabilities to prepare and respond to the COVID-19 pandemic. Through these efforts and deep sacrifices of our people, four of our six US Pacific Island jurisdictions remain COVID-Free and one has effectively contained (and likely eliminated) community transmission. As COVID-19 surges once again throughout the globe, though it has come at great cost to our families and economies, we are proud that some of our US Pacific Island jurisdictions have remained steadfast in their efforts to be one of the few locales globally to have successfully kept COVID-19 at arm's length. Thank you, once again, for your unflagging support in helping us achieve this.

It is comforting to hear of the great progress made in protecting our nation's health, but we are concerned our region may not be given full consideration in these critical planning phases, nor recognition that protecting these small island locales is vital to the geo-political security of the US in this region. As such in consideration of the White House's Operation Warp Speed for COVID-19 vaccine planning and deployment, the purpose of our communique is twofold: 1) consider our recommended approach and strategy for COVID-19 vaccine

deployment appropriate to our Pacific context; and 2) to urgently request prioritization of the US Pacific Island jurisdictions for allocation and distribution of a safe and effective COVID-19 vaccine.

In short, we would like to raise the following for consideration:

1. The US Pacific Island jurisdictions are especially vulnerable as indicated by the impact of COVID-19 on Pacific Islander communities in Hawaii and CONUS.
2. Pacific Islanders are even more vulnerable in their home islands with limited health care systems, infrastructure and crowded multi-generational living situations.
3. Four of our US Pacific Island jurisdictions have made historic public health interventions by closing their borders and prohibiting introduction of COVID-19 in stark recognition of their extreme vulnerabilities.
4. Hence, a one-time, mass vaccination campaign is really the only way for our islands to re-open safely.
5. The value add for minimal cost of expanding coverage rates is striking in the small island populations (increasing returns to scale). As US Pacific Island jurisdiction populations are so small, most of the cost of providing vaccines to the islands is related to shipping and dispensing. There is almost no cost-saving to shipping a small amount of vaccine to immunize 20%, versus enough to vaccinate 80%, of the population. The difference in benefit between immunizing 20% of the population versus 80% of the population is immense.
6. For example, in Palau, the difference between immunizing only 20% of the population versus getting to herd immunity at 80% is less than 100 vials. By providing an additional 9,900 doses (or roughly 100 vials) to Palau, the US will bring an end to the COVID Pandemic for Palau. As such, because of the small size of the islands, the extra cost of providing the additional doses to reach 80% of the population is minimal.
7. A one-time, mass vaccination campaign targeting 80% of our total 500,000 population would be cost-effective and efficient with high public health impact value.

The benefit of prioritizing and increasing the allotments to the US Pacific Island jurisdictions to assure herd immunity would be historic. The US will have helped these small, extremely vulnerable US Pacific communities get through the 2020 Pandemic and remain COVID-Free – a great accomplishment in light of recent surges across other US states and territories.

The Argument for Vaccine Prioritization for Allocation and Distribution at Mass Vaccination Levels for the US Pacific

The underlying reason for our region's success in remaining COVID-19 Free and containing spread through aggressive action is based on the stark reality that our island populations are extremely vulnerable to significant health threats. The islands are a "tinderbox for COVID-19", as our Pacific Islander communities are characterized by crowded, multigenerational households and impacted by non-communicable diseases, including those same co-morbidities that significantly raise the risk of mortality due to COVID-19 infection.[1]

This reality has unfortunately been corroborated with recent COVID-19 morbidity and mortality data disproportionately impacting Pacific Islander communities residing in Hawaii and CONUS. The

[1] Life expectancies in the islands are lower than the US (76) compared to FSM (66), RMI (63), and Palau (66) [World Bank]. Adult overweight/obesity in American Samoa is the highest in the world at 95% [American Samoa Department of Health NCD Hybrid Survey, 2018]. Adult Diabetes Type II prevalence across the islands is roughly two to three times higher at 19 - 34% [US Pacific Island jurisdictions NCD Hybrid Surveys], compared to the US at 13% [CDC]. About half to two-thirds of diabetics in the islands are undiagnosed and therefore not receiving treatment [US Pacific Island jurisdictions NCD Hybrid Surveys], compared to 22% of diabetics in the US who are undiagnosed [CDC]. Of those that are diagnosed, 65% - 91% of adults in the islands have uncontrolled levels of blood glucose [US Pacific Island jurisdictions NCD Hybrid Surveys]. In addition, diabetes affects adults at younger ages in our region with prevalence of diabetes among those 19 - 44 years old ranging from 12-18% [US Pacific Island jurisdictions NCD Hybrid Surveys] compared to 4% in the US [CDC]. Some of our Pacific Islander populations also have some of the highest cancer rates globally, for certain types of cancers, due to long-term health impacts of US nuclear testing in our islands [CDC].

combination of "essential" employment and crowded living conditions has resulted in remarkably high rates of COVID-19 disease among Pacific Islanders in Hawaii, Arkansas, Washington, Oregon and other states. In Hawaii, COVID-19 infection rates amongst Pacific Islanders is more than 12 times higher than the state average, while mortality data from Pacific Islanders in Arkansas exceeds any other subpopulation in the US.[2]

Though we have achieved significant improvements in our health systems, infrastructure and capacities over the last few decades, for many of our islands, these improvements are variable across the Pacific jurisdictions. Our healthcare systems are fragile. There remain significant capacity and service delivery gaps and other health systems challenges. Our islands, by and large, are not resilient to the impacts of outside/global economic threats, and more importantly, to global health security threats. Most of our hospitals are without true intensive care units, some receiving their first ventilators as part of their respective COVID preparedness activities, with local clinicians still in the process of getting trained on the use of these ventilators. Aside from Guam, all the other islands have only one hospital serving their respective populations. For most of the islands, there are no intensivists, pulmonologists, or ID specialists. Across the jurisdictions, there are just a handful of rooms with proper airborne isolation. The healthcare workforce is limited and aging. Delivery of all high-level medical care is achieved through off-island referrals to the Philippines, Taiwan, Hawaii, or New Zealand; these options have disappeared since the pandemic due to border closures and COVID-19 travel restrictions. With just one or two serious COVID cases, local hospitals will be quickly overwhelmed and infection control capacity exceeded in a very short period of time. Though we have achieved significant improvements in our health systems, infrastructure and capacities over the last few decades, for many of our islands, these improvements are variable across the Pacific jurisdictions and are fragile. There remain significant capacity and service delivery gaps and other health systems challenges that keep us vulnerable to global health security threats.

The US Pacific region is also next door to the historic Asian pandemic hotspots – People's Republic of China, Japan, South Korea, Vietnam, Cambodia, Philippines, Indonesia, Malaysia, etc. to name a few. Our Pacific waters provide lucrative fishing trade and are commercial "stepping stones" into the US mainland market for many of these Asian countries. As a result, almost all of our Pacific Island jurisdictions see significant mobility of Asian ships and seafarers, and engagement with Asian commercial interests and labor force. Because of this, the imminent threat of past pandemics such as H1N1 and SARS were very stark realities for us in this region, and this continues to be the case with COVID-19.

The US Pacific Island jurisdictions are also the East Asia defense corridor for the US, with significant US military presence, personnel and assets in Guam, Palau, the CNMI, and in particular, the Ronald Reagan Ballistic Missile Defense Site on Kwajalein Atoll, RMI. Vaccinating our populations provides protection for the US forces in the region. The US Pacific Islands jurisdictions' close proximity to the East Asian-Pacific Rim countries are of critical geo-political importance in maintaining and enhancing the US' strategic defense security in this part of the world. Though the US Pacific Islands are, by and large, proud of their role in defending the US, there is unavoidable mixing with islanders and DoD, as was demonstrated by the recent USS Theodore Roosevelt incident and military personnel breaking quarantine in Guam resulting in clusters of community transmission.

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[2] In Hawaii, Pacific Islanders make up 4% of the population, but comprise roughly 35% of cases and 16% of deaths [Hawaii Department of Health]. Among all US states, the rate of mortality among whites is 30 per 100,000 compared to Pacific Islanders at 91 per 100,000. In Utah, the rate of mortality is 8 per 100,000 among whites versus 133 per 100,000 among Pacific Islanders [APM Research Lab].

In taking a hard look at and acknowledging these various levels of vulnerabilities, the Pacific Island jurisdictions conscientiously made the difficult choice of closing their borders, and/or severely restricting and limiting in-bound travelers, including those transportation activities associated with external trade and commerce that could pose the risk for introduction of COVID-19. With the exception of one Pacific Island jurisdiction, we have kept out and contained COVID-19 with unprecedented success.

Viable Options for Vaccine Delivery in the US Pacific Islands

The total population of the US Pacific Island jurisdiction is just slightly under 500,000. Given the wide geographic spread of our islands across 5 time zones over several million square miles of ocean - transportation, logistics, access to health facilities and tropical climates - are on-going challenges when considering vaccine allocation, distribution planning, and maintaining vaccine cold chain integrity. This will be especially critical to consider for our island settings if the vaccine of choice will require ultra-cold chain management.

Hence, we would like to propose an approach to COVID-19 vaccine planning and deployment that will be most suitable for our unique island settings and needs:

1) A one-time mass order and deployment of COVID-19 vaccines targeting a minimum of 80% of our 500,000 total population, and sufficient for all required doses. This approach would be both cost-effective and efficient at ensuring herd immunity within a very targeted period of time, and in consideration of our critically vulnerable populations and health systems as described above;
2) To be delivered through a coordinated and synchronized effort utilizing FEMA, DoD and/or USAID resources and assets, including but limited to military drop-ship flights to identified central hubs and mercy (hospital) ships to assist with vaccine storage and distribution to rural, isolated outer-islands; and
3) To be in close coordination with US Pacific jurisdiction health leadership, CDC Immunization, CDC PHEP and FEMA/USAID deployed staff, and key partners, already located and operating in the US Pacific Island jurisdictions. This will ensure mass vaccine campaign planning and execution for the Pacific will draw upon and leverage the intimate knowledge, experience, expertise and resources already available locally.

We have a long-standing relationship with CDC and the Vaccine for Children (VFC) program, with high rates of vaccination for school children throughout the region, and have already commenced extensive planning and preparation for vaccine receipt and management. We know from experience this approach will work and will be effective for our Pacific context. We are confident that our jurisdictions will be successful with COVID-19 vaccine roll-out. With this success, the US will be lauded as one of the few countries in the world that has maintained COVD-Free status in at least four of its critically vulnerable US Pacific Island jurisdictions and populations.

Finally, though this is of utmost priority for us, we would also like to echo concerns raised by our other US state health official colleagues regarding the safety and efficacy of any vaccine, COVID-19 or otherwise, that has not undergone all the required clinical trials and evaluations to assure optimal health protection and little to no adverse health impact. We strongly urge continued rigorous scientific and clinical due diligence in all aspects of Operation Warp Speed COVID-19 vaccine selection and planning.

We thank you for your time and consideration of our request.

The Honorable Esther Muna, Executive Board President
Chief Executive Officer, Commonwealth Healthcare Corporation
United States Commonwealth of the Northern Mariana Islands

The Honorable Minister Emais Roberts, Executive Board Vice-President
Minister of Health, Palau Ministry of Health
Republic of Palau

The Honorable Dr. Livinson Taulung, Executive Board Secretary
Secretary of Health, National Department of Health and Social Affairs
Federated States of Micronesia

The Honorable Minister Bruce Bilimon, Executive Board Treasurer
Minister of Health, Marshall Islands Ministry of Health
Republic of the Marshall Islands

The Honorable Motusa Tuileama Nua, CSM (Retired US Army), Executive Board Member
Director of Health, American Samoa Department of Health
United States Territory of American Samoa

The Honorable Arthur San Agustin, Executive Board Member
Director of Health, Guam Department of Public Health and Social Services
United States Territory of Guam

Cc:

- Mr. Douglas Domenech, Assistant Secretary, Insular and International Affairs, US Department of the Interior
- The Honorable Ambassador Roxanne Cabral, US Ambassador to the RMI, US Embassy to the Republic of the Marshall Islands
- The Honorable Ambassador Carmen Cantor, US Ambassador to the FSM, US Embassy to the Federated States of Micronesia

- The Honorable Ambassador John Hennessey-Niland, US Ambassador to Palau, US Embassy to the Republic of Palau
- Ms. Darcie Johnston, Director of Intergovernmental Affairs, Office of Intergovernmental and External Affairs, US Health and Human Services
- Mr. Lee Stevens, Senior Policy Advisor, Intergovernmental and External Affairs, Office of Intergovernmental and External Affairs, US Health and Human Services
- Mr. Edward Heidig, Regional Director, Office of the Assistant Secretary, Region IX, US Health and Human Services
- Mr. Matthew Johns, Regional Health Administrator, Region IX, US Health and Human Services
- Dr. Jose Montero, Director, Center for State, Tribal, Local and Territorial Support, US Centers for Disease Control and Prevention