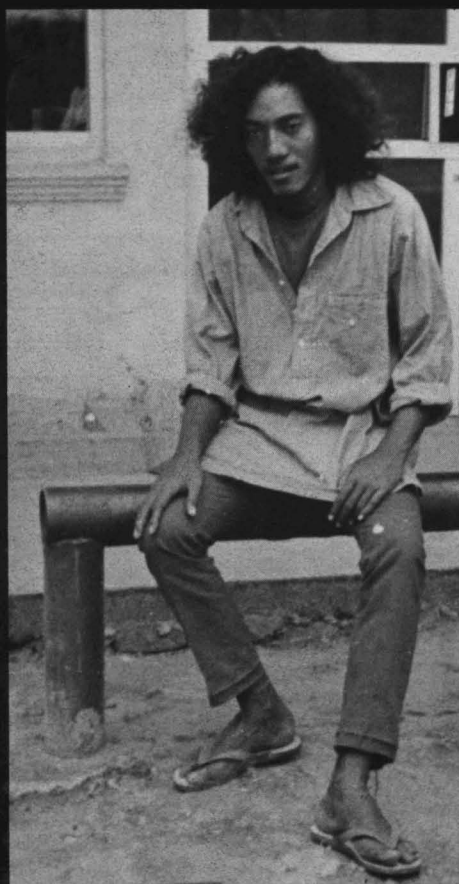
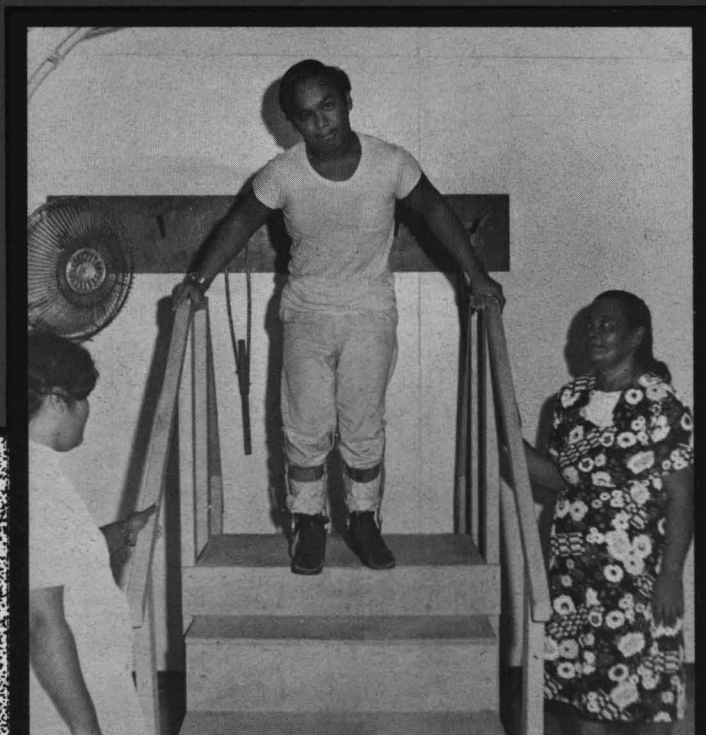


MicronesianReporter

FOURTH QUARTER 1973

**Reaching Out ...
to those in need of
help**



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This Quarter's Worth

Reaching out...

The young people on the cover are all central to material we've gathered together to illustrate ways in which the Trust Territory is attempting to meet specialized problems.

The young man with braces on his legs is Mariano Camacho from Saipan. He's being treated at the Trust Territory Rehabilitation Center in Majuro where he is being bolstered—physically and emotionally—so that he can better face the world beyond the Center. The Center's Physical Therapy Specialist, Ethel Coeling, writes this quarter:

"Society must learn to understand that a mere physical disability, even that so severe as paraplegia, in which half of the body is paralyzed, is not a reason to circumscribe an individual's lifestyle....The disabled themselves should have the right to determine what they are able to do..."

The Majuro Center's efforts to give handicapped individuals that right are described in "Building New Lives," beginning on page 11.

Handicaps which are physically less-severe, but which are nevertheless handicaps to "normal" lives, are dealt with not only by the Health Services Department but also in the Territorial education system where a growing Special Education Program reaches out to the hard of hearing, the so-called slow learners, and others with learning disabilities of one kind or another. Rose Moses—one of dozens of teachers in the Special Ed Program—is pictured on the cover with one of her pupils at Saipan's Chalan Kanoa School.

Over the past four or five years, Special Ed has grown to the point where a fully-qualified Micronesian is now able to provide specific and specialized consultation to teachers of deaf youngsters in the districts. Deaf education is the most extensive of the Special Ed Programs in the Territory. The efforts to locate the youngsters who need help and the many-sided program with which their problems are dealt are the subjects of Special Education Director David Piercy's article beginning on page 17.

Difficulties of a different sort are dealt with in Bonifacio Basilius' article on high school dropouts. Even a cursory glance at available statistics shows that Trust Territory high schools graduate more than a thousand young people each year; but a recent Department of Education report also said that almost as many—990 students—dropped out of high school in the year being reviewed.

Not all dropouts have problems; and not all of those young people who have problems are dropouts. But the general class of problem youth between age sixteen and twenty-five is someone who, for one reason or another, has not graduated from high school. Their situations are not dissimilar to that of Aron, the young man on the cover sitting outside a bar in Truk. Aron is from Namoluk Island, but he has continued to live with relatives in the district center since he got out of Truk High School in 1972. He is unemployed, and because he has no job he doesn't get along well with the people he lives with. "I want to be a communications technician, but I don't have training in that field. I don't like construction jobs. Fishing is hard work. Only old men and women make copra, and, besides, there is not much money there. I don't want to go back to Namoluk; I like it better here on Moen," he explains.

Many like Aron do not know where to turn for help, and there is, in fact, some help available to people like him. Basilius' article—starting on page 25—assesses the scope of the problem

and describes present programs designed to give aimless young people some direction in life.

Reading about these programs one cannot fail to be impressed with the numbers of Micronesians who are reaching out to help their less fortunate fellow-Micronesians. No fewer than thirty-two individuals—from Aliksa Andrike and Martina Ada to Kangichy Welle and Harou Yeskei—are mentioned in the three featured articles. And they are only a few of the total number of involved Micronesians who have chosen a life of service. —J.M.

Who's Who

...in this issue of the Reporter

ETHEL COELING is the Physical Therapist at the Trust Territory Rehabilitation Center at Majuro's Armer Ishoda Hospital.

DAVID PIERCY is Coordinator for Special Education programs at the Headquarters Department of Education.

BONIFACIO BASILIUS is Assistant Chief of the Public Information in the Headquarters Department of Public Affairs.

CLAIR HOWARD is the Project Director at Oleai Experimental Learning Center on Saipan.

BERMIN WEILBACHER is Chief of the Agriculture Division, Headquarters Department of Resources and Development.

INTERVIEW:

Dr. Ulai Otobed

Obtaining a medical education is a long and involved process. Only the most dedicated individuals can survive the academic strain and the seemingly endless hours of clinical experience involved. Dr. Ulai Otobed from Palau can be listed among those individuals who did survive this rigorous academic and clinical strain. She holds the distinction of being the first female Micronesian doctor in the Trust Territory and stands as an inspiration to anyone who plans to enter the medical profession.

Dr. Otobed attended elementary and intermediate schools in Palau. She completed secondary school at PICS in Ponape. Before she departed for medical school in Suva, Fiji, she attended classes at the Trust Territory School of Nursing when it was located in Palau. At the graduation ceremonies of the Fiji School of Medicine in 1965, Dr. Otobed was given special recognition by Principal K. J. Gilchrist. He stated that one of the graduates "deserved special mention—a young woman, outstanding because she has become the first woman from an overseas territory to graduate in medicine from the school." Dr. Otobed was awarded the "Principal's Presentation" as the top female student. She also received the British Medical Association Gold Medal for academic excellence in surgery and the Glazo-Allenburgs Prize for the highest overall grade average. She recently attended a seminar in Japan sponsored by the World Health Organization concerning medical and surgical aspects of family planning, and this year completed two additional years of post-graduate training in Obstetrics and Gynecology at Oakland Hospital in New Zealand.

The Reporter interviewed Dr. Otobed at McDonald Memorial Hospital in Palau. Appearing in her white laboratory coat and uniform, Dr. Otobed seemed to be highly respected by the patients that she was to see that afternoon as they crowded into the corridor adjacent to her office. Even though her time was very limited, she carefully considered each question and responded with candor.

REPORTER: You hold a very unique position as the first female Micronesian doctor. Would you describe some of your feelings concerning this honor?

DR. OTOBED: I really haven't had any real or special feelings about being the first female Micronesian doctor. I always think of myself as being a doctor and not especially of being a female and of being the first female Micronesian doctor. I just consider myself as a doctor.

REPORTER: What made you decide to pursue a career in medicine?

DR. OTOBED: It is very difficult to say what really made me decide to become a doctor. I did not decide as a small child, because I didn't even know there were doctors then. It was at the time I was attending PICS and an examination



was being given for entrance into medical school. No Micronesian female had ever applied to medical school then and they did not even know if a female applicant could get in. So I asked our

principal if I could take the examination. He said to try and see if I could get in. So I just decided to take the examination and I didn't really think about being a doctor seriously before that. I just decided then and there.

REPORTER: Do you feel that career and marriage are compatible?

DR. OTOBED: Yes, I think career and marriage are compatible, and if I were to get married, I would continue on being a doctor.

REPORTER: What are some of the typical reactions you receive from males and females within the hospital environment? Do you detect any differences between the attitudes of the females and males toward you professionally?

DR. OTOBED: When I first started working, the people couldn't even call me a doctor. They always said, "Nurse, Doctor." It was just because they were not used to a female doctor. The female population did accept me quite well. In fact, they were glad there was a female doctor available. Male patients just sort of accept me if I am the one who has to examine them. They have nothing to say. They probably don't like it, but they have no choice. If I am the one working, I examine them and they just sort of accept me. The other doctors have just accepted me as a doctor on the staff.

REPORTER: Because men are generally the wage earners in Micronesian society, how is your position as a wage earner accepted by males and females in your family? By males and females outside your family?

DR. OTOBED: My parents are glad that I am earning that much money. They know I am earning that much money because I am a doctor and they just accept that. I think even the rest of the people accept me as a wage earner.

REPORTER: Do you feel that men are more reluctant to discuss medical problems with a female doctor?

DR. OTOBED: Well, I have met some who are reluctant, but on the whole they are not because if they come to me, it is because they are not reluctant to discuss anything with me. If they are reluctant, they usually go to a male doctor. I suppose in Palau sometimes they are reluctant to discuss problems with a female doctor.

REPORTER: What about females, do you feel that you have opened up lines of communication with females who have medical problems that they are often reluctant to discuss with a male doctor?

DR. OTOBED: The females can talk to me much better, they tell me their problems more readily. They can talk to me a lot freer than they would to a male doctor. In fact, if they have something they want to discuss, they usually come to me especially if the problem concerns obstetrics or gynecology.

REPORTER: What are your feelings about the women's liberation movement? Would you consider yourself a member of the movement?

DR. OTOBED: I think the women's liberation movement has some good points and probably some of the things they do are good, but I don't consider myself as a member of the women's liberation movement. I think that there are just a few things in life where men should still be the boss, but in most things men and women should be treated equally.

REPORTER: Could you describe the one person or event that has influenced you most in your life or the person that has been the most helpful to you in your medical career?

DR. OTOBED: The one person who really was pushing me from the beginning because she liked what I was doing was Miss Emi Mukaida who was my English teacher at PICS. She did not have anything to do with my deciding to become a doctor, but when I decided to do it she was the one who encouraged me from the very beginning. Even when I was in New Zealand the last time, she was still writing to me. She was the one person who advised me from the beginning, other than my family, of course.

REPORTER: Let's suppose a female from the states has just been employed to work in health services in Micronesia. What advice would you give to her concerning the type of work and conditions she will find here?

DR. OTOBED: I think she has to be prepared to meet different situations and conditions than the ones she is probably used to if she is from the states. I know when some people from bigger hospitals in well-developed countries come to places like this, they have certain ideas before they come and when they arrive, it is suddenly very different from what they expected. They should be ready to accept these conditions in places like Micronesia. She will not find our hospitals in as good a condition as the ones in the states, our



facilities are not as good as what they have, we expect to work with less help as far as staff nurses is concerned, and have much less equipment than what they use in the states as far as diagnostic tests are concerned.

REPORTER: What suggestions would you give to the schools in the Trust Territory to encourage more female students to enter into the medical field?

DR. OTOBED: It is very hard really; you cannot just go in and say medicine is good and all of you people study medicine. You cannot just advertise it or just let anyone study medicine. It is different from other professions and the educational process is so long. If I talked to them I would tell them things they should start doing in high school before going to medical school. They should be prepared to work hard and expect to go for a long period of medical education. They should start from the very beginning, especially in science subjects if they are going into medical education. You can be good in science, but not be prepared for the long educational process of studying medicine and also the difficulty of the study of medicine. Of course, you have to start speaking good English too. You have to start speaking it and reading it faster, otherwise you cannot keep up with the academic work involved as all the textbooks are in English.



REPORTER: How would you compare the medical education you received in Fiji and in New Zealand with the education received in medical schools in the states?

DR. OTOBED: I cannot compare the two since I have no experience from the states. I will say this. Let's take Fiji first. When I finished my training, I could do a lot of practical things. I have seen some newly graduated American M.D.'s who cannot do these practical things. I suppose from the practical point of view my education was not bad. Academically, States are probably better. When I was in New Zealand, because it was post-graduate training in obstetrics and gynecology, we had both practical and academic training as well. When I finished my first six months in New Zealand, I felt that I was more confident and qualified to do what I was expected to do here. After the two years, I was much better still.

REPORTER: It has been said that many families in Micronesia still use medicinal plants and so-called "witch doctors" as medical remedies. How do you feel about these remedies? Do you advocate the use of such remedies?

DR. OTOBED: I don't like them. For one thing, people go to a person with mystic powers and when they get worse they come to us when they are either too sick or it is too late to treat them.

The mystics—I don't think we call them "witch doctors"—have their ways of applying things or treating illnesses that do not use sterile techniques. Just a while ago I saw one case which I did not like. They applied some crushed leaves into a cavity in which they should not have been applied. It was very hard to remove the crushed leaves from this cavity. There are a few things that Palauans use that we have no objections to because what they use does help, especially after delivery. They go through some sort of period in which they bathe in hot water and drink some Palauan medicine. We have no objection to that because we know they come out well. They have had no problems in the past. It is some of the other methods that we object to.

REPORTER: There are no Micronesian doctors in private practice in the Trust Territory. How do you think the concept of a doctor in private practice would be accepted in Palau? What are your feelings about going into private practice?

DR. OTOBED: Yes, I think Micronesians would accept a doctor in private practice, but there are only very few people who would go to a private doctor because only a very few could afford to go to a private physician. They don't have that much money to go to a private doctor. You can see now, even if they send us to Guam we have to depend on Government money. It is too expensive to go into private practice, a doctor cannot depend on patients who cannot afford to pay him. Personally, I do not like private practice, I prefer hospital or institutional practice. There are probably some other difficulties involved, but if they allowed private practice in Micronesia, I think it would be difficult to get many patients because of the low income. I do not mean Government employees, who, of course, can afford it, but the majority of the people cannot afford to go to a private doctor.

REPORTER: What suggestions would you have for improving medical services in the Trust Territory?

DR. OTOBED: I think that if we had more doctors, medical services would be improved and we would have better quality of medical care. Then we will be less overworked and less tired. We could give better quality care and not be pushed so much, instead of just trying to finish the day's work. Many of the doctors feel as I do, that by the end of the day we sort of sit and say, "What have I accomplished today and how much have I done." I wish I had more time to do more.

REPORTER: You mentioned that there is a shortage of doctors in the Trust Territory. Do you think that more non-Micronesians should be brought in to fill the gaps?

DR. OTOBED: Yes, I think so. I think we have to use non-Micronesians in medical services. We cannot just say use Micronesians if we don't have them available. We have one American medical doctor in Palau now and we work very well with her.

REPORTER: Do you think the Micronesians feel the same way about an American doctor as they do about a Micronesian doctor?

DR. OTOBED: I don't know about the other districts, but in Palau, they have the feeling that the American doctors are better than the Micronesian doctors so they usually prefer to go to the American doctor. If there is a new doctor, they usually all sort of come in at once to see him. After a while when they have gotten used to that doctor, they feel just the same toward him as they do the rest, so that when they come in, they will go to any doctor.

REPORTER: What about the Americans, do they feel any differently toward the Micronesian doctors than they would toward an American doctor?

DR. OTOBED: Some Americans I know in places like Micronesia would prefer going to American doctors rather than to Micronesian doctors. Just the same as some Micronesians would prefer to go to Micronesian doctors rather than American doctors. I think we have a few

people in Micronesia who would prefer to go to American doctors, because they feel they are better than Micronesian doctors. However, they will see the doctor who is available at the time.

REPORTER: What are some of the major complaints you hear involving medical services?

DR. OTOBED: We have lots of complaints, not major ones, but lots of complaints, like doctors not being available when they are wanted, even if we just go home for 30 minutes to eat lunch. I think most of the complaints are centered on this. They complain because when they reach the hospital the doctor is not available at that particular moment when they want to be examined. Otherwise I don't hear too many other complaints. The other districts will probably have different complaints than the Palauans have. A lot of people like Congressmen and people in some sort of position in the community or in the Government complain that they are not seen at the particular moment they come into the hospital. We don't really take that very well because they are not complaining for the community, just for themselves. I think that this is the main complaint in Palau that the people want to be seen the minute they arrive at the hospital. There are only six doctors here and after they have worked a full day, they might want to go home to a quiet evening, but we have to come back to the hospital to work. If we are on duty today, we are on duty tonight and work tomorrow until 4:30 p.m. Their complaints and demands are wrongly placed sometimes.

REPORTER: How do you think health education could be improved throughout the Trust Territory?

DR. OTOBED: Radio announcements are good. They reach many people and many homes, but not many of us listen to the radio at the time of the announcements and we do not listen to what is being said or hear what is going on. We don't have enough people to go to each particular home and teach people better hygiene, so I think the

best way is to start at school where the kids can really learn and take it home to their parents. They need to start by learning about bacteria so they know what they are and understand what they are. They need to learn how to avoid getting infections from bacteria and if they get infections what the best way is to stop them from spreading. Usually parents would have heard these things once already but if the kids are taught from the beginning of school, probably it will be much better. At least they can point out these things to their parents. Health education at school will dispose of a certain part of the public's fear of the hospital and certain female examinations especially.



REPORTER: What are some of the major improvements or innovations in health care that you have observed in the past ten years in the Trust Territory?

DR. OTOBED: Hospitals are better equipped and health care has spread to remote Islands. When we have enough doctors available, one will go around to some of the outer islands, or into Babelthup and hold clinics. Then every six months we go to the southeast islands like Tobi. Graduate nurses and practical nurses are always stationed in the dispensaries in those places and doctors only go there when they are needed or when one doctor is available to go to the outer islands. I think the quality of medical services has improved. Truk has a new and better

building. Even though this hospital is old, it is quite adequate. In Palau, except for Tobi, Pulo Anna, and Sonsorol, emergencies are all handled in Koror. For places like Anguar, Kayangel, Babelthup and Peleliu, we now have a hospital outboard ambulance in which we can get out anytime to whatever place they request. The nurses in these places request our assistance. Tobi and Sonsorol cannot be reached all of the time by ambulance but we can always talk over the air at any time whenever they have emergencies and give them instructions. **REPORTER:** Do you anticipate any future major medical problems that are of special concern to you?

DR. OTOBED: I am not really experienced in the other districts, so I cannot talk about them. They say we have a lot of land in Palau. If we have lots of land now, we won't have lots of land in ten years if we don't control the population. I think all of the districts should think very seriously about family planning. Over-population and land unavailability are problems that we must work on. Having less and well-spaced children will not only be good economically but will also mean better health for the mothers.

REPORTER: You are specializing in obstetrics and gynecology. Why did you select this specialty?

DR. OTOBED: When I first came to the hospital, I was asked to examine the women and to do lots of things in which the male doctors felt that because I am a woman, it would be better if I did them. So when I started doing lots of cases like that I realized that I didn't know much to be in that position so that is why I decided to specialize in obstetrics and gynecology. I have had over two years post-graduate training in obstetrics and gynecology. It wasn't my interest in the beginning. I have changed now. I like OB-GYN. I did not think in advance that I was going to specialize in that. Because of the situation that existed here, I just fell into it. I like it and enjoy doing this kind of work now.

REPORTER: Describe a typical day at McDonald Hospital. What kind of problems do you encounter day to day?

DR. OTOBED: I come in in the morning and I start in the nursery, in the neo-natal unit. If there are sick neo-natals, it will take me a long time to care for them. Unless there are problems that might occupy me the rest of the morning, after neo-natal nursery, I visit the post-natal wards and then the post-operative cases and other gynecology cases who are in the hospital. In between this, I might be called to some other job and then must come back to finish where I left off. I might have to leave to deliver a baby or perform an emergency operation. After I finish this, it is just about lunch time or way into lunch hour. The afternoon is usually set for a particular clinic, so I work in my particular clinic. I cover the clinics that concern OB-GYN from Monday to Friday. This morning I covered the pre-natal clinic, then this afternoon I have to do another clinic. I may be seeing 20 patients each day. Today I will see around 40 patients because yesterday was a holiday and we have to see the ones we missed yesterday. There are times like that, but if there is a delivery or an emergency we just leave everything and then we have to come back to where we left off. Twice or three times a week we do scheduled surgery — operations — in the morning.

REPORTER: What are some of the most memorable experiences you have had while practicing medicine?

Dr. OTOBED: The list would be very long. I really cannot think of one that stands out more than others. I suppose the most memorable experience of all was when I actually became a doctor.

REPORTER: How do you think the increase in costs of referral to hospitals in Guam and Hawaii will affect medical services in the Trust Territory?

DR. OTOBED: I think in one way it will just make us work a lot more in the districts. When we have lots of money to refer, we can easily refer cases when they need not be referred. We cannot help the fees going up, but at least we can help our side by doing all we can. We probably haven't been working very hard on cases that we think should be referred. Maybe they really shouldn't be referred. Maybe we could have looked after them here. We know there are cases in Palau that we thought had to be referred and because we did not have the money, we held them and they are all right. It is a big challenge, especially working in places where you are really limited. You can only do certain things to a certain extent then you can do no more. You have to do more by using limited resources and facilities. You can do a lot of things when you have to. Some of the referrals are suggested from outside and result from political pressure.

REPORTER: In your experiences in other places, what effect do you think television programs like "Medical Center", "The Interns" and "Dr. Marcus Welby", have on the people?

DR. OTOBED: These programs have some good and some bad affect. I think some of them are just drama, they give the wrong impression of the medical

profession to the public. Some people see "The Interns" and see how they do certain things and the program is usually all glamour from beginning to end. Things are really very difficult. So they get a different opinion of how things are. Another example is "Doctor-At-Large." It gives the public a very bad impression of newly graduate doctors because they do a lot of silly things; however, the public can learn some good things from these programs. A lot of doctors enjoy seeing these programs though, but I think it is just not the real situation.

REPORTER: What are your feelings about the future political status of Palau?

DR. OTOBED: I suppose all of us have already formed some opinion about this. The discussion has been going on for such a long time. When I think of the future political status, I usually think of the whole thing and the economic resources in Palau. I look at one thing and at the whole picture and try to see what would be best for us. We are still not quite experienced enough to be independent. It is different when you have to depend on yourself. I've seen places like Western Samoa and from what I hear, we should really be thinking hard before we decide to be completely independent. It is very hard to really know what the opinion of the whole population is, but they get to more people each year. We are used to high wages and if we choose one status in which we cannot get the same wages, it might upset a lot of people. Once we choose our future political status, we must realize that it is final.

HEW/INTERIOR TASK FORCE REPORT on Health · Education · Social Services in The Trust Territory

On August 31, 1972, the Secretaries of the Department of the Interior and the Department of Health, Education and Welfare established a ten-member joint task force to review HEW programs in the Trust Territory to determine whether resources were meeting needs in the areas of health, education and social services—needs as perceived by Micronesians and by those working closely with Micronesians.

The task force was co-chaired by the Interior Department's Director of Territorial Affairs, Stanley S. Carpenter, and by the then Surgeon General of the U.S., Dr. Jesse L. Steinfeld. There were others from Interior and HEW in the task force in addition to four Micronesians: Senator Petrus Tun and Representative Joab Sigrah, the Chairmen of the Senate and House Committees on Education and Social Affairs of the Congress of Micronesia; Dr. Arobati Hicking, Deputy Director of Health Services; and Manuel Sound, a member of the Truk District Board of Education.

In addition to preparing an inventory of current HEW programs and assessing the problems at which they were targeted, the task force was to recommend how the programs might be used more effectively and how additional resources might be aimed at specific problem areas. This effort was to involve extensive travel through the Territory and interviews with Micronesians to determine, insofar as possible, the kinds of health, education and social services most appropriate for the Micronesian people, and to be as specific as possible in recommending *practical* short-term and intermediate term courses of action.

The result of their work is a 200-page, comprehensive report on the state of the Territory in the specified areas of health, education and social services, and field report on sanitation facilities in the Trust Territory as an additional chapter. Work has already begun to implement many of the recommended changes in the report's conclusions—most of it in the relatively tangible, nuts-and-bolts areas of health, education and sanitation. Hospitals, dispensaries, classrooms, wastewater treatment plants, sewer systems and classrooms extend health, education and sanitation services further and further from the district centers. But it is perhaps in social services programs where the biggest changes may come in the next few years.

There are already a number of social services programs in the Territory. The report recommends strengthening these existing programs, introducing others, and, perhaps most important, *coordinating* all of the efforts. "Our main concern," the social services section says, "is that the major social problems, particularly the problems of youth, be dealt with in a planful way in the near future....Social services should be responsive to the needs of the people as they perceive their needs."

It would be impossible to adequately summarize the entire 200-page report in any meaningful way. But we thought that the one section of the social services chapter of the report which follows could add a dimension to this quarter's discussion of Trust Territory efforts at "reaching out...to those in need of help."

Defining and Developing Social Services

One of the problems confronting the sub-section of the Task Force on Social Services was to attempt to arrive at a definition of what we mean by "social services." We have the feeling that health services or education are not nearly as difficult to define since they are rendered primarily through specific health facilities or educational institutions. However social services can be provided in many ways and are not nearly as institutionalized in Micronesia as health and education.

The Fox Report¹ which we have referred to earlier defines "social services" as "activities undertaken to prevent, alleviate, reduce or eliminate social problems, and to thus raise the level of the people's social well-being." He goes on to state that they are not activities ordinarily considered as educational, health or religious. He states that "they may be services to or on behalf of individuals, families, small groups, neighborhoods, institutions, communities or larger social groups including the Territory itself." Perhaps it might be easier to arrive at a definition of social services if we were to attempt to define "What is their goal?" The Social and Rehabilitation Service which is the social service arm of the Department of Health, Education and Welfare defines its mission as "To enable America's vulnerable and handicapped people - those physically and mentally disabled, the aging, children and youth, and impoverished families - to move from dependency, alienation, and deprivation toward independence, constructive contributions to society, and realization of their individual potentials." It would seem that this general purpose mission statement could also be applied to Micronesia. The various kinds of handicapping conditions in Micronesia might be different; certain elements of the Micronesian population might be impoverished, dependent, alienated or deprived in a somewhat different fashion than families and individuals on the mainland; but nevertheless, this kind of mission could be used to structure or plan for merging social services in the Trust Territory.

There is a considerable difference of opinion among Micronesians as to the extent of social services necessary to meet the current needs of the people. It seemed that there were two almost diametrically opposed viewpoints presented as members of the Task Force talked to numerous people at different levels of government and also to citizens in the private sector. One point of view seemed to present the idea that very little should be done which would in any way disturb the traditional and usual way of life that has existed in Micronesia for hundreds of years. Many people felt

that the introduction of social services would accelerate the dependency of Micronesians on government programs and would destroy the subsistence way of life which has been present for many years. Specific programs cited were nutrition programs as might be provided through the Older Americans Act, and also food distribution programs as provided through the U.S. Department of Agriculture. The traditionalist school of thought felt that the Micronesians should not be encouraged to depend on government programs and that the youth should be trained in agriculture so that the old style of subsistence living could be maintained.

On the other side, particularly among younger Micronesians, there is the feeling - particularly in the district centers and in Saipan - that the Trust Territory is emerging into a western type life style and that a wage-cash/food-purchase economy is becoming more and more the usual way of life. These exponents of what we might call the emerging point of view say that Micronesia will become a part of a larger Pacific economy and that there is no way to stop the march of time. These younger Micronesians are saying that they want to be part of a larger world and they want to have their say in how Micronesia becomes a part of that larger world.

Somewhere between the more traditional point of view and the emerging point of view lies a sensible course of action for both Micronesia and the Federal agencies involved in developing programs for social services. It would seem that our question at this point is not whether there will be social services in Micronesia. Our Task Force visit discovered a great variety of social services being delivered in one way or another.

The problem becomes one of organization and implementation, and also of course, priority. To our knowledge nothing has been done to implement any of the recommendations of the Fox Report.

Most of the problems of an emerging people are present in Micronesia as they are also present in many of the other undeveloped countries of the world. Many of the current social problems, alcoholism being a good example, are the result of the frustrations and anxieties of people who are emerging into a new life style and are not equipped to meet the demands of western-style living. These problems are particularly more acute in the district centers where people have moved to earn wages and have found themselves without the undergirding of the traditional subsistence way of life. One Micronesian stated, "If you think you have a generation gap in the United States, we think we have a

¹"Strengthening the Contribution of Social Services to the Development of the TTPI, 1971"-M.G. Fox, UN Social Welfare Advisor, Pacific.

four-generation gap here in Micronesia." The design for social services in Micronesia should mainly be constructed, it would seem, around services dealing with *adjustment* and services of a *rehabilitative* nature. Many of the problems relating to social adjustment are becoming more and more acute, such as problems of delinquency and problems of drugs and alcoholism. The problem then is to package a delivery system to meet the needs of persons in transition or persons in need of rehabilitation due to either physically handicapping conditions or socially handicapping conditions. In Micronesia there should be devised a system which will integrate services already being provided and further deliver new services to meet emerging needs.

There are already a number of social services (broadly defined) being delivered in a variety of ways through various government agencies in Micronesia.

In the Health area we find:

- 1) Homemaker services
- 2) Nutrition services
- 3) Mental Health services
- 4) Rehabilitation services
- 5) Family Planning services

In the Manpower area we find:

- 1) Employment services
- 2) Neighborhood Youth Corps
- 3) Job Corps
- 4) Skill Training - MDT

In the Assistance area we find:

- 1) Social Security
- 2) In-kind food and electricity
- 3) Local CAP services and outreach
- 4) Legal services

In the Youth area we find:

- 1) Probation services
- 2) Delinquency Prevention programs
- 3) Counseling and job preparation
- 4) Recreation programs

In the Elderly area we find:

- 1) Visiting nurse and homemaker services
- 2) Recreation programs
- 3) Crafts and cultural programs
- 4) Women's programs

As we consider this array of social services provided either through local, district, or central administration we are somewhat surprised at the proliferation of programs that have been spawned on Micronesia much in the same pattern as they have developed in the United States. And, surprisingly enough, there are already problems of communication and problems of integration in terms of how the various agencies are working together particularly in the district centers. It

is the feeling of some members of the task force that this duplication of organizational structure need not be continued and that a more unique and innovative pattern be developed for integrating services particularly at the district center level.

Three members of the social services sub-section visited the small community service center located in Rodeo, California. Here in a community about the same size as many of the district centers we find services being integrated for a target population with an orientation toward community participation and community development. Obviously the Rodeo model cannot be totally transported to Micronesia but it would seem that this kind of one-stop social service center might be considered as a means toward furthering the integration of services that soon will be provided such as vocational rehabilitation. Perhaps some sort of demonstration effort on the part of the Department of Health, Education and Welfare and the Department of Interior, at one or two of the district centers, in putting together a multi-service delivery system would be one way to begin. We have other models of services integration including the four Human Service Centers now being operated on the Waianae Coast on the Island of Oahu in Hawaii. This coastal area is one of the Department of Health, Education and Welfare's "Targets of Opportunity" and could provide us with considerable help in designing services for Micronesia. The concern of the social service members of the task force is that there be an attempt to bring together in some sort of integrated fashion the existing services and those that are now being planned.

An analyses of social services in Micronesia should of course recognize that in an informal way many kinds of services are being provided through not only the government programs, but through private groups, the churches in particular. There is a great deal of assistance being provided to persons which is not institutionalized and recorded.

Also we should not overlook the supportive family and clan system that exists in Micronesia. This method of group support and group living provides a means of peer counseling that in many ways is unique as a kind of cultural life style. There ought to be, perhaps, some sort of demonstration in Micronesia which can outline for us the strengths of the already existing system and how this local technique might be built into any new delivery system. It is quite possible, of course, that the group and extended family process could be used in a very unique way to help solve new adjustment problems that are arising due to the emergence of a western life style.

Paramount in the development of any social service system, of course, is not to impose on Micronesia either the system used in the United States for delivery nor the same kinds of services that we perceive to be our needs. We are told in Micronesia for instance that children are freely adopted and looked after by aunts or uncles or other members of the family. It would be, then, rather foolish for us to impose our adoption services and our foster care services on a culture that seemingly is already solving these problems. Inherent in this discussion should be the importance of finding out from the Micronesian people what they see their needs to be. They, no doubt, will be able to define their problem and articulate their needs in a more direct way than an outsider. It would seem that the Community Action Agencies, along with the Congress of Micronesia, might provide us with the kind of local input necessary in the development of any system attempting to meet the needs of particular locations. Again the vast differences of culture, language, and life style cannot be ignored.

We are told by the anthropologists that the people of the Marianas, due to the Spanish and American influence, live more nearly to a western life style than Micronesians living in the other districts. On Saipan, for instance, the nuclear family is generally considered to be the usual living unit. This might mean that certain services designed for Saipan might be quite different than services designed for people living in Yap.

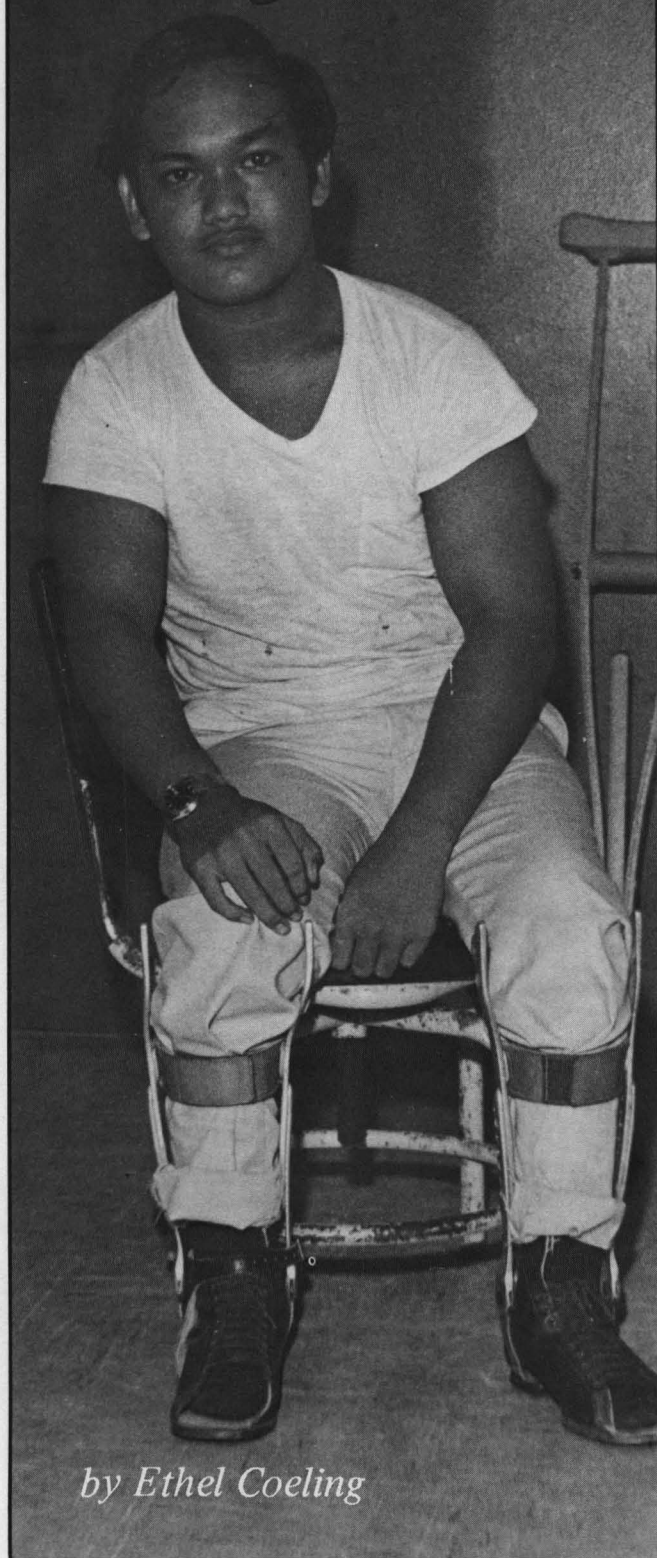
The uniqueness of the way in which government is administered in the Trust Territory gives us an opportunity to create a delivery system which could be both simple and direct and responsive to the needs of local communities. In a sense, we are working under a decided advantage in Micronesia since for the most part there is no entrenched, already established, social service delivery system. Local communities along with the Congress of Micronesia and the Trust Territory government can design and establish a social services system that is unique for the needs of the Trust Territory. The kinds of delivery patterns that we are now talking about in the Allied Services Act could rather easily be applied to various parts of Micronesia. The methods and demonstrations now going on in the integrated services "Targets of Opportunity" field could give us a considerable amount of know-how in terms of how we might focus on different targets in Micronesia without creating an across-the-board system which would be applied in all locales.

In attempting to provide the ways and means of developing social services in Micronesia, we can within HEW, attempt to attack the needs in several ways:

(1) We can through recommendations to the Congress broaden the legislative base through which monies are made available. We have seen during the past five years, a history of writing the Trust Territory into the new legislation. The new Vocational Rehabilitation Act is a prime example of how a basic formula grant program will soon be made available to the Trust Territory, Samoa, and the Virgin Islands. There is really no reason why certain portions of the Social Security Titles, particularly those sections affecting social services, could not also be made available through legislative mandate to the Trust Territory. (2) There are, of course, ways of adapting already existing legislative programs to the Trust Territory through waivers or through changes in the way in which regulations are applied. We ought not to require the Trust Territory to go through such elaborate planning processes that we require from other states. We ought to be able to work out new ways for enabling the Trust Territory government to meet Federal matching requirements. In situations such as the developmental disability legislation we ought to be able to provide more than \$17,000 to initiate a new program. In an Aging program we ought to allow the Trust Territory to put into force only those parts of the Older Americans Act which they see as relevant for their people. (3) The HEW agencies have not really made appropriate use of the demonstration route in the development of new social service systems in Micronesia. The current demonstration in rehabilitation is the first such experiment. There could be broad flexibility in the use of discretionary funds built around specific service projects focusing on discreet targets of opportunity. This demonstration process is something that could be initiated without changes in legislation and with very little bending of current regulations.

At the present time, health services and educational programs are considered to be essential for residents of Micronesia. We have not reached the point where it is considered necessary to provide social and rehabilitation services. Health needs seem more apparent and concrete. Education seems indispensable. Social and rehabilitation services are not considered so essential because they are more difficult to define and require more elaborate systems of delivery. Nevertheless, if the results of good health care and good education are to be brought to fruition, there must be good social services to assist families and individuals to meet and adjust to a changing environment so that they may (in their own way) realize their individual aspirations and become productive and contributing citizens of a new Micronesia.

Building New Lives



by Ethel Coeling

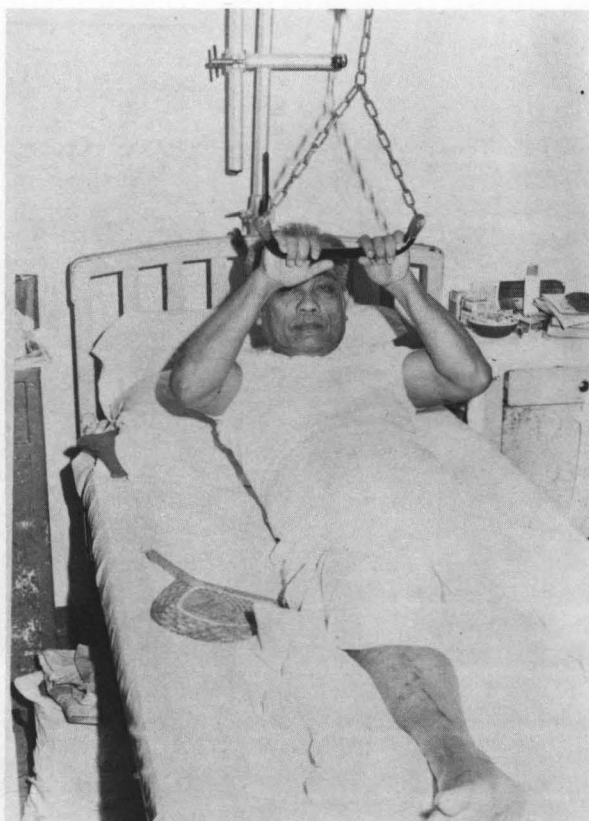
Mariano Camacho, Saipan.

The Trust Territory Rehabilitation Center, commonly known as TTRC, began its operations in October 1965. It was conceived and constructed in response to the polio epidemic in the Marshall Islands in 1963, in which over 200 cases were reported. Though far less than this number were to require hospitalization, it was clear that a number of patients would require long term hospitalization and treatment. Alternatives were considered which included sending the patients to Honolulu for hospitalization and treatment. However, the long separation from their families did not seem to be in the best interests of the patients or their families and it was decided to build a treatment center in Majuro, the District Center of the Marshall Islands, and also the location of the Armer Ishoda Memorial Hospital to which TTRC would be attached. TTRC was officially opened in December, 1965, with a complement of 29 polio patients, all of whom would require surgical and physical therapy treatment.

The original staff of TTRC included three graduate nurses, four nurse aides, three health aides, two janitors and a physical therapist. Mrs. Item Andrike was appointed Chief Nurse, a position which she still holds. Somewhat later, Mrs. Jennie DeBrum and Mrs. Juanita Kloulubak of Palau were sent to the East West Center in Honolulu for a four-month course in rehabilitation nursing.

The physical plant at TTRC consisted of two wards of about 20 beds each, a swimming pool, a galley, office space and a large exercise room equipped with basic exercise equipment and two whirlpool baths.

The administration of TTRC, and the nursing, general medical and surgical care of its patients came under the direct supervision of Dr. John Iaman, District Director of Health Services for the Marshall Islands. Orthopedic surgical care of the patients was furnished and is still provided by the Shriners Hospitals for Crippled Children in Honolulu. Shriners Hospital surgical teams made biannual visits to Majuro to examine the patients and to perform those surgical procedures which could be done at the hospital in Majuro. Those requiring more extensive orthopedic care were taken to Shriners in Honolulu. This service continues not only for the polio patients but also for children with non-polio orthopedic problems who qualify for admission to Shriners Hospital. Many Marshallese children have happy memories of their stay at Shriners in Honolulu.



TTRC is equipped to handle a wide variety of recuperative and rehabilitative problems. Joe Manglona, from Saipan (above), exercises while recovering from a broken femur (thigh bone); at right, Canston Lonno, a paraplegic from Kusaie.



A decade has now passed since the polio epidemic and there has been a gradual decrease in the polio work load. The children have long since returned to their home islands. Some await the proper age for completion of their surgery, others require re-examination at regular intervals and some need replacements for braces and crutches. A few are already in high school and will receive vocational assistance if they demonstrate aptitude and desire.

Though TTRC has long since fulfilled its original objective of providing care and treatment for the polio patients, it continues to address itself to a broader perspective of rehabilitation. The continuance of the function of TTRC may be due merely to simple inertia; yet there is evidence of a growing awareness of the

humanitarian values inherent in helping the disabled as well as in the prevention of disability. In the Marshall Islands the word "polio" has come to be synonymous with disability of any kind, regardless of its cause. TTRC is exclusively referred to as the Polio Ward and it is to the Polio Ward that growing numbers of crippled and disabled come for help.

They come from different cultures and with different languages, from islands of all the Districts of Micronesia—from Palau, from Yap and Saipan, from Truk and Ponape, Kusaie and Kapingamarangi—as well as from the low lying atolls of the Marshalls. They come for help for disabilities from many causes—polio, leprosy, cerebral palsy, strokes, congenital defects and injuries.

ttrc today

A wider variety of treatment problems has increased the need for certain activities. The prosthetics shop has been added as a full time facility with limb making capability. This shop was originally established by Joe DeBrum who learned his trade at the C.R. Newton Company in Honolulu. The shop is well equipped with all the necessary tools and materials for repair of braces and the manufacture of splints and below-knee artificial limbs.

The Trust Territory continues to employ a full time physical therapist whose duty is to train and advise the Micronesian staff in the skills and techniques of physical therapy and rehabilitation. This staff, consisting of five Micronesians who have both nursing and health aide backgrounds, is under the supervision of Mrs. Item Andrike, a graduate nurse and supervisor of all TTRC activities.

In addition to its responsibilities to the disabled, this staff treats a variety of diseases and injuries by referral from the hospital medical staff. These treatment problems include post-fracture care, respiratory ailments, obesity and dietary problems and various neurological conditions. The most common problems referred for physical therapy are those which include back pain, neck and shoulder pain and all those conditions commonly referred to as minor arthritic pains. These problems, like the common cold, seldom cause death by themselves, but nevertheless are responsible for much human suffering and misery. They can be greatly alleviated, if not cured, by proper physical therapy application.

A recent availability of Federal Vocational Rehabilitation Funds to the Trust Territory is another added resource which should contribute much to the welfare of the handicapped in Micronesia. These funds, when available, should help to provide rehabilitation personnel, equipment for the handicapped such as wheelchairs, braces, hearing aids, glasses, etc., and vocational training and assistance. Mrs. Nora Kilmej is the coordinator for these funds in the Marshalls.

The Trust Territory medical staff now includes an orthopedic surgeon, Dr. Gavin Southerland. The presence of an orthopedist in the Trust Territory has resulted in an increase in patient referrals from all districts of Micronesia, and provides more frequent and regular orthopedic consultation and advice for TTRC patients as well.

These are the people, their activities and services which constitute the present TTRC.



Dr. John Iaman, Marshalls Director of Health Services.

the aims of treatment

The aim in the treatment of the handicapped who come to TTRC is to reduce their deformities to a minimum and to get them on their feet if possible. This goal is met in a team effort involving a number of people. First, the Orthopedic Surgeon, who employs a variety of corrective procedures to alleviate or correct deformity; he may do tendon transfers to add strength to a weak motion, perform a leg lengthening procedure for a short limb, make joint fusions for stabilization, or divide and stretch muscles to relieve contracture.

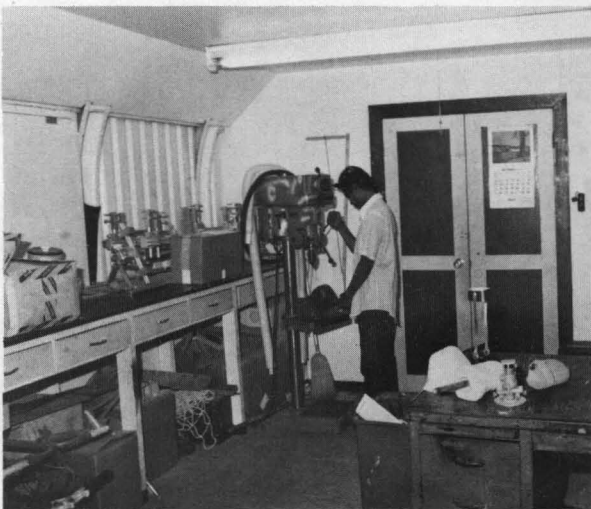
Second, the Prosthetist who manufactures and fits artificial limbs, braces and splints needed for ambulation, support and stability. And third, the Physical Therapist who strengthens weak muscles, makes strong muscles stronger, and helps the patient to walk again with minimum support. Uninvolved trunk and extremity muscles are routinely subjected to heavy resistance exercise so they can bear the stress and strain placed on them as a result of weakness or loss of muscles and extremities. Weak muscles are assisted in their movements until they are able to move the joint through its complete range of motion. Resistance is applied and gradually increased as the muscle becomes stronger, until it reaches its maximum strength. Finally the patient begins standing in the parallel bars and progresses to a walker, then to crutches and finally to a cane; then, if possible, he walks unassisted. There are moments of high drama when a patient takes one step unassisted, sometimes for the first time in his life.

management of disabilities

When a patient is admitted to TTRC, his first few days are spent under "evaluation." He is given a general medical exam and muscle and sensory tests. Joint range-of-motion is measured, if joint contracture is present, and the skin is examined for pressure sores and ulcerations. Once all the information is at hand, the course of treatment is planned and set in motion.

Since the disabilities from all types of disease and injury are treated, a large diversity of problems is met. The patient with leprosy presents all or any of the following problems: loss of sensation, paralysis, contracture and skin ulceration. Casts can be applied to relieve pressure on ulcerated areas until they are healed, and the patient may be given concentrated instruction on care of hands and feet to prevent future breakdown of tissue which could lead to amputation. He may be subjected to extensive physical therapy to strengthen weak muscles and relieve contracture. Orthopedic surgery could be required, followed by splinting and more physical therapy. Before the patient leaves he is provided with proper footwear to protect his feet from further injury.

Lessop Motelang works at building braces and new limbs in TTRC's prosthetics shop; Joe DeBrum fits Petrus with a new limb.



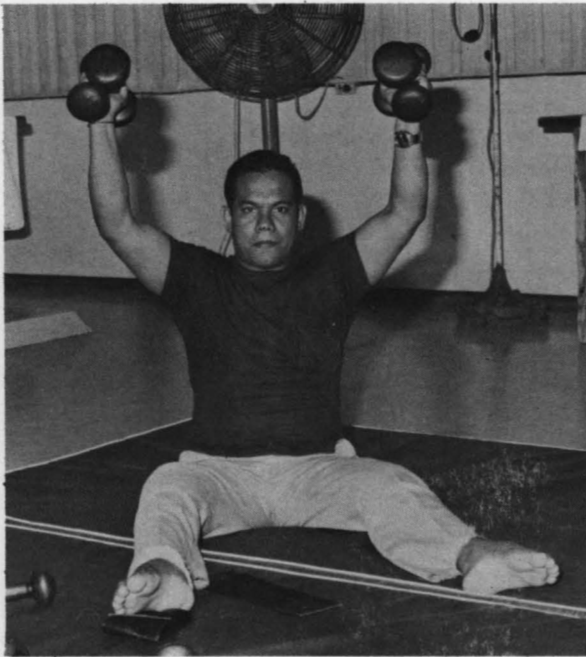
The paraplegic will be taught bladder and bowel control and will spend many weeks in physical therapy to build his upper extremities and trunk muscles to enormous levels of strength so he can lift his half-paralyzed body with ease. He must learn to walk short distances with crutches and braces. He must learn to fall and to get up by himself, to climb and descend steps, get in and out of cars, in and out of bed, and to dress and feed himself. In short, he must be completely independent in all ordinary situations. If he is properly qualified, he will receive some sort of vocational training and assistance in getting started.

The burn patient will spend daily sessions in the whirlpool bath with physical therapy, proper positioning with splints and supports to prevent contracture, and orthopedic and plastic surgery may be required at a later date.

The cerebral palsy patient enters with muscle spasm and contracture. He will undergo extensive physical therapy, then bracing and orthopedic surgery for muscle lengthening and joint stabilization, followed by standing and walking instruction and practice.

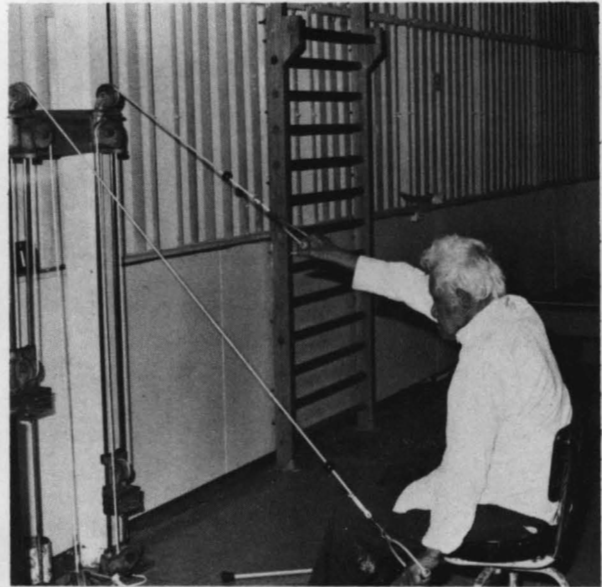
Handicaps know no age limits—they can be a problem for an old man or a young man. Opposite page, Kiaben, a paraplegic, and the older man, Langinme, perform exercises to build strength and stamina.





The amputee comes to be fitted with an artificial limb. A plaster mold is made of his stump from which the positive impression for the stump socket will be made. When the socket is complete, it is attached to a temporary, adjustable foot which enables the prosthetist to properly align the weight of the body over the foot. Once this is completed, the socket is incorporated into the permanent limb. While the patient awaits completion of his limb, he receives extensive physical therapy to strengthen the muscles of the stump as well as those of the trunk and uninvolved extremities. When the limb is complete, the patient receives walking instruction which includes stair climbing, walking on rough ground, getting up from the floor and any other activities which he needs to perform.

The majority of stroke patients are the elderly. Since most patients with this disease can learn to ambulate in some fashion, accomplishing this is the primary aim of treatment. Treatment begins with exercise in bed. As soon as the patient is able he is placed in a wheelchair and begins standing and sitting exercises and, when able, walking instruction in the parallel bars. Upper extremity exercise is also given to promote as much function as possible. A drop foot brace is frequently applied for control of ankle and knee motion. Being able to walk makes life much more pleasant for the elderly patient and lessens the burden of those who care for him.



Most of the patients admitted to TTRC have been able to walk out under their own power. Unfortunately, there is always a small number for whom this is impossible. Every effort is made to provide these patients with wheelchairs which help in a small way to ease their burden.

During the last two years, TTRC has given vocational assistance to a few selected patients. Two former patients are now attending the Micronesian Occupational Center in Palau, and two were recently graduated from the Bulova School of Watchmaking, in Woodside, New York. The MOC trainees are financed by Vocational Rehabilitation Service funds while those at Bulova were supported by interested organizations and individuals: the Bulova School of Watchmaking, the Yokwe Yuk Women's Club of Kwajalein (a long time contributor to TTRC patients), the Vocational Education Division of the Department of Education, the Marshall Islands *Nitijela*, and many private individuals on Majuro and Kwajalein. Generous contributors to other TTRC activities are the United Nations Women's Guild, the Iroij of Majuro, church groups on Majuro and again, many private individuals on both Majuro and Kwajalein.

When these students complete their training they will be given assistance in establishing themselves in businesses or jobs. It is hoped that as funds become available, the Vocational Rehabilitation Service program will assume responsibility for vocational activities. Other TTRC patients have earned reasonable income from handicraft making, an increasingly important occupation in which both men and women are engaged.

the problems of the handicapped

At the root of most of the problems of the handicapped lies the attitude of society. For one thing, the handicapped *are* different. Their differences, like skin color, are out in the open for all to see and in most cases cannot be hidden as some of us might be able to hide and conceal our minor disabilities. Thus, when the disabled seek employment, education or other assistance, regardless of how superior their capabilities may be, they are more often than not judged on their visible disability. Also, it is the *able* who legislate for the politically powerless *disabled*; thus, the able determine how much and what kinds of help they will receive.

Society must learn to understand that a mere physical disability, even that so severe as paraplegia, is not a reason to circumscribe an individual's life style. Frequently the only barrier to his accomplishment is a flight of stairs or a door too small to admit his wheelchair. The disabled themselves should have the right to determine what they are able to do in the same way that the rest of us have this right to determine our own disabilities.

Physical Therapy Assistant Morris Tommy attends the patient Ezekiah at the whirlpool bath. Thanks to TTRC and its specialized programs, the future for many handicapped Micronesians looks a lot brighter.





When you enter Cecilia Camacho's class for the deaf at Chalan Kanoa School on Saipan, you see a poster which reads, "DOES EVERY CHILD IN MICRONESIA DESERVE A CHANCE TO LEARN?" This motto reflects the attitude held by some 35 trainers, teachers, and supervisory staff involved in the various Trust Territory Special Education Programs.

Not only *does* every Micronesian deserve an equal chance, but he deserves the opportunity to be educated in a manner *suitable to his unique situation*. Education is compulsory in the Trust Territory, and to the extent that handicapped children are educable, they too, should be provided with educational opportunity. In a situation where people live in small isolated clusters and where there may be only two handicapped children in an elementary school, this is a difficult task. Add to this dilemma the fact that the Trust Territory does not have the specialists that are usually considered a necessary part of a Special Education Program and the problem at hand can be better understood.

In most cases, the teachers of the handicapped in the Trust Territory have not received formalized training. But with their interest and dedication, intensive in-service training programs, trial and error, and minimal amounts of formal supervision and consultation, they are learning to be psychologists, psychometrists, speech therapists, physical therapists, and teachers in their own classrooms. They are doing an excellent job.

Mrs. Camacho leads small group instruction for three of her fifteen deaf students.

by David Piercy

Cecilia Camacho is one of these teachers who has been required to take on the role of psychologist, speech therapist, teacher, and counselor. After 15 years as an elementary school teacher, she became involved in the initial attempt to develop a Special Education class in the Trust Territory. In the summer of 1969, a pilot project was established in the Marianas for deaf children. Mrs. Camacho recalls that the children, many as young as four years old, came into the program unable to hold pencils, form sounds, or communicate in any way with other children or adults.

When asked how she felt when first working with these children, Mrs. Camacho replied, "That's a hard question. When I started out that week I did a lot of thinking and crying, that they wouldn't ever learn. I never had seen any program or kids like this. I thought I could not help any of them learn." As the program progressed and the children would come to school and try to work gradually, Mrs. Camacho "... finally realized they can learn something because of progress and papers I kept."

She particularly recalls Doris, a child who had a severe hearing loss when she entered the program at the age of four. Doris did not want to leave home and cried all the time while at school. She could not communicate and would not interact with other children. Mrs. Camacho remembers how "insecure she was" and how she always would watch children from a distance. Doris' parents felt that she would never be able to fit into a classroom with other children.

The description now given of Doris is completely different. Mrs. Camacho reports that she has a lot of speech, especially while speaking in Chamorro, and that you can't even say "bad words" in front of her—she understands them. She can speak in sentences now and at the age of nine, she is able to do simple math problems and is performing simple reading tasks. She becomes so impatient when she has not been taught the sign for something she wants to say that she makes one up.

When asked about Doris' future, Mrs. Camacho says, "She can be one of the normal persons. She can do a lot of things a normal person can do." There are plans to integrate Doris into a group of normal-hearing children sometime this year.

The whole tenor of conversations with Doris' parents has changed too. At first, they felt she could not function and be accepted as a normal child, but now they are beginning to feel that maybe she really can.

An unhappy four-year-old Doris wasn't eager to start school on opening day. But she and her family—and her teachers—look forward now to the day when "she can be one of the normal ones."



"... as normal an educational environment as possible ..."

Although Special Education in the Trust Territory has multiple goals, the most important of these is to provide as normal an educational environment as possible for the handicapped student. Our belief is that this can best be accomplished within a regular classroom where handicapped youngsters are integrated as much as possible with normal students. Handicapped children are being educated so that they may better achieve in their own society; constantly removing them from normal children can only increase their difficulties in future years. Another advantage to such integration is the benefit it supplies for the normal child; the normal child has the unique opportunity to understand and communicate with handicapped youngsters. Teachers and children can only grow from such an experience.

This goal of integrated education is now being implemented in Yap District. Ignatia Guotinan and Francesca Gurungin are team-teaching a classroom of five deaf and fifteen normal-hearing children. These two young enthusiastic teachers worked hard through last summer preparing materials for their students. They have devised tests for diagnosing achievement levels of their youngsters in order to better understand what each student knows and what direction their teaching should take. They have also set up a number of learning centers in their classrooms so that each child—handicapped or normal—can pursue his own studies at his own speed.

Both Ignatia and Francesca were involved in a workshop for teachers of the deaf held this summer by Dorothy and Jim McCarr. In this workshop, they learned teaching skills as well as how to make teaching aids for the deaf. Jim McCarr taught many basic words in sign language which enables these teachers to communicate better with their deaf students to give them some additional language skills. One aspect of learning "sign" in the classroom is the hope that some hearing children may enjoy acquiring sign language themselves and use it with their deaf classmates. This could function as a new avenue of communication and understanding for all the members of that class. The McCarr's plan another trip to the Trust Territory to offer more help to these and other teachers of the deaf as they progress in their year's work.

(Mr. and Mrs. James McCarr are two Deaf Educators from Oregon. Jim is on the staff of Lewis and Clark College in Portland, Oregon, and Dorothy is employed by the Southwest Media Center for the Deaf, an organization located in Las Cruces, New Mexico, and funded through the Bureau of Education for the Handicapped. It provides supportive and consultation services to most of the Western States and Territories. As part of their services to the Trust Territory, Mrs. McCarr can be called upon at little or no direct cost to the Trust Territory Government.)

*"... a long
and frustrating process ..."*

Unlike in the majority of the United States, large numbers of handicapped children in the Trust Territory have not been identified. The Department of Education, the Department of Health Services and the local Headstart Programs are all concerned with providing for these children in their programs. These groups are working together for the development of a project which would locate the majority of handicapped children in the Trust Territory.

However, efforts at identifying children have already been carried out in some districts. Through a long and sometimes frustrating process, Truk District has screened most of the elementary school children within the lagoon area for vision and hearing impairments. Predominantly through staunch perseverance, Peace Corpsman William Sewell, begged, borrowed, and twisted arms to have boats made available to him for travel to the various islands, frequently after waiting on docks for three or four hours.

One such visit to the island of Dublon was set up to test youngsters in the first several grades for hearing and vision problems. Because communication with the island is inconsistent, Bill had been unable to notify the Dublon School of his intended visit. An announcement was put on the local broadcast station which indicated that the screening team would be on the island the next day; a request was made to any parent of a school-aged child to communicate this message to school officials.

Sure enough, after a drenching ride on a small education department boat (nicknamed "the submarine"), the group arrived at Kuchua School to find that no one expected their arrival and that half of the students were on the other side of the island on a field trip.



Special Education teacher Rosa Moses at Saipan's Chalan Kanoa School—"each child is an individual."

Very quickly and efficiently the screening team, composed of Bill, Endy Mathew, and Tom Walter, set up their stations in one side of the large one-room school house for vision testing and on the other side for hearing. Approximately two hours and several coconuts later, five or six children had been identified as needing more complete evaluations.

The process of identifying handicapped youngsters met its own impediments in Yap District. In September 1972, Peace Corps Volunteer Marie Ostrowski took it upon herself to locate children with hearing difficulties. Since there were no direct channels to follow, Marie literally pounded on doors, questioned people, inquired at the local health department and used any other sources at her command, to unearth a group of five and six-year-old deaf and hard-of-hearing children.

Once it has been established who the handicapped are, services must then be provided. The first services offered in Yap were arranged with the cooperation of John Perkins, District Director of Education, Karl Nelson, Curriculum Specialist, and the local Department of Health Services. A small grant was awarded Yap District to carry on this project through the Headquarters Department of Education.

Marie and co-teacher Ignatia, found that their first need was a suitable classroom. Because no empty classrooms were available in any district center schools, their search led them to the Protestant Mission which allowed Marie and Ignatia to establish their program in its Sunday School Classroom.



The Palau program, like others in the Trust Territory, involves individual attention to varied problems along with integrated instruction involving normal and handicapped youngsters learning together. Instructors are Evan Imetengel (above), PCV Elsie Pflum (left), and Felicia Ikesiil.



Finding a classroom was a fine initial step, but the core of the problem was to deal effectively with these children who were entering school for the first time and could not hear. That these children had never before needed to pay attention for long periods of time created difficulties, but the two teachers persevered and were able to produce most of their own materials and design programs for the five children. The result of their work was exceptional. By the end of the year, most of the deaf youngsters were beginning to read and count, and a few could even add and subtract. These children, thought to be impossible to educate, were learning.

A successful class such as this is largely dependent on excellent, hardworking teachers. It takes teachers such as Marie and Ignatia who arrive at 7 a.m. to set up the class, spend all morning with the children, the afternoon in preparation of lesson plans and materials to be ready for the children the next day, and then stay up late into the night practicing their signing so a story can be read to the students in a language they themselves were just learning.

Another approach to integration of children with learning difficulties is to work with small groups of children on one day and then return them to the classroom for the next school day. Kepas Edgar, Special Education Itinerant Teacher in Ponape, describes one such effort.

"I am teaching a group of twelve students in the sixth grade with reading problems while the classroom teacher observes me. These students have problems with vowel and consonant sounds, sequencing and blending of sounds. We have conferences on every lesson after the students go home. We are trying our best to help these kids to be able to read sounds, sequence, and blend before the end of the second quarter in February."

*"... we are trying our best
to help these kids ..."*

Because reading and math are the major academic areas of study, and because a certain level of adaptive behavior is necessary for school performance, these areas have been emphasized in developing individualized school programs for handicapped children described as having mild, moderate, or severe handicaps. The approach has been to emphasize the observable functioning of the student rather than the category of handicapping condition. This approach is necessary as districts cannot afford to establish fully equipped classrooms for a single handicap where there may be only one or two children with that handicap.

Aliksa Andrike, Special Education Itinerant Teacher in the Marshalls, provides consultation and diagnostic services to Rita Elementary School in Majuro. He sees his role as working with "each individual teacher concerning his student's behavior and academic problems" to help him establish "a program for dealing with the situation and have him try it." Essentially, Aliksa helps the teachers define the

problem by starting where the problem (academic or behavioral) occurs, what events or situations (such as time of day, subject or mode of instruction) have occurred prior to the problem, and specifying the problem so that the teacher knows with what to work. For example, if the teacher states that arithmetic is the area of difficulty, Aliksa helps that teacher describe *specifically* what the problem is; i.e., the child cannot read the numbers, the child cannot count, or the child cannot add two digit problems with carrying. He also helps the teacher develop a plan to remedy the problem, including suggestions for rewards or punishments that might be warranted. If by talking with the teacher a problem cannot be defined he might take the child and work with him individually to help establish the specific problem area and a remedial plan.

The responsibility for the education of the child then rests not only with the special education teacher, but also with the regular classroom teacher where the child is located for the majority of the day.

In his 18 months of service since completing the CCM Special Education Training Program, Aliksa has conducted several workshops to help teachers solve academic and behavior problems.

Kepas Edgar leads a remedial reading class in Ponape.



This approach of emphasizing observable functioning is also being practiced in Palau. Under the direction of Special Education Coordinator, Peter Elechuus, Peace Corps Volunteer Elsie Pflum, and teacher Evan Imetengel, a class has been established for seven severely handicapped children of varying types. In the group are three deaf or hard-of-hearing students, one child with Down's syndrome (Mongolism), and three mentally retarded youngsters. Since this is their first year in school, the objective is to provide an initial educational program for the children which will enable the staff to diagnose the performance of each child and prescribe a program for him. In all districts a major frustration is the lack of available diagnostic and educational materials appropriate to Micronesia. These materials are now being developed through CCM.

*"... they didn't have
the slightest idea ..."*

Both parents and the community at large should be involved in any special education program in order to create better understanding and to allow parental input into program decisions. Two approaches have been used to accomplish this in the Trust Territory.

One is a series of radio programs which have been used extensively in Truk and Palau. The results have been excellent. Bill Sewell talks about his programs:

"Back in February, Special Education in Truk was just beginning to roll. But people really didn't know what Special Education was all about—they didn't have the slightest idea. This led to frustration on my part, so we decided to use the radio as a means to tell people about Special Education.

"It works. Some said it would be a waste of time, but this proved to be untrue. We have had a very good response to the programs. People often ask questions about what was covered in the programs. At least we know they are listening. We have done a lot of story-plays on the shows, also monologues. We keep changing the format and the subject-areas.

"The people who work in the program are just a super bunch. The program could not go on without their efforts and cooperation. Students from the local junior high school helped out in the early stages—to supplement the core group of Special Education personnel—Endy Mathew, Switer Eter, Haruo Yeskei, and Auelina Selet."

Some of the areas discussed in the radio programs are indicated by program titles: What is Special Education? Visual Problems and Their Causes.

Deafness and the Hard-of-hearing. The programs are now being carried on the local radio station twice a week—one program dealing with the deaf project and the other with the itinerant "hard-to-teach" program.

Bill is now in the process of preparing a procedure to get some feedback from the people. He is looking forward to getting their responses so the program can begin to address itself to needs that are expressed by the community.

Another approach in use is that of meeting with the parents of children who are involved in special education programs. This has been especially helpful in working with parents of the deaf. Each of the programs for the deaf in the Trust Territory has a similar objective of "teaching" a standard means of communication for students, teachers, and parents; i.e., a system of oral and sign language. It is often the first time parents have been able to communicate with their children in a consistent and systematic way.

Hilda Libokmeto, a teacher of deaf youngsters at Rita Elementary School in the Marshalls, regularly involves the parents of her students in classroom activities in pursuing educational goals for their children. She also holds weekly meetings to help parents communicate more effectively with their children. Hilda has also attended workshops aimed at increasing her own skills in working with both parents and children.

A helping hand from teacher Martina Ada.



*"... it is our responsibility
to provide training ..."*

While we do depend on teachers with limited formalized training, it is our responsibility to provide training for teachers so they can work more efficiently with the handicapped child. The four approaches typically used in Micronesia for this training are listed below:

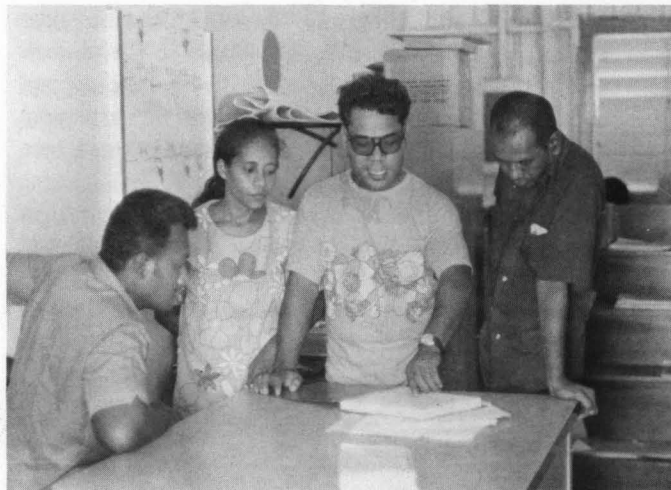
1. Pre-Service training at the Community College of Micronesia and in the United States.
2. In-Service training within the districts.
3. Territory-Wide in-service training.
4. Individual consultation.

The major effort has been put into the program at the Community College of Micronesia, which has had a Special Education Department since the fall of 1970. The purpose of that program is to prepare both the regular classroom teacher and the Special Education teacher to work with handicapped children wherever they might be found in a school setting.

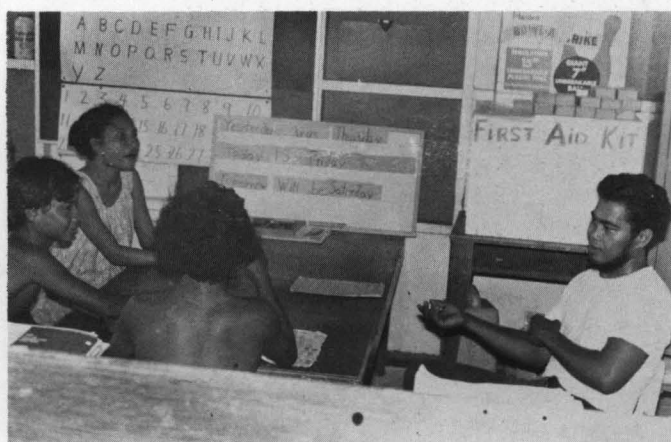
Mrs. Susan Moses, currently the Coordinator of Special Education at CCM, feels very strongly that every teacher should have the skills necessary to evaluate the current performance of a child and to develop programs to remedy existing weaknesses.

Because of her commitment, Mrs. Moses has also taken on the enormous task of coordinating efforts to develop and field test diagnostic instruments and remedial materials than can be used both by regular classroom teachers and special education teachers in working with children in the areas of reading, math, and behavior. Associated with this are her efforts to establish a model of providing service to teachers and students in cooperation with the Northwest Regional Resource Center. Working with her on this endeavor currently is Balthazar John in Ponape and Mike Ngirairikl of Palau. Mike, a former Public Health Nurse, has been involved in efforts to locate and educate handicapped children since 1968.

Also located at CCM are two teacher trainees in the areas of Deaf and Blind Education, William Eperiam and Kangichy Welle. Both have recently completed training at the Oregon College of Education in their respective fields. In addition to their teaching duties at the college, they will be primary consultants for existing and newly developing programs.



Aliksa Andrike (above) provides consultative services to teachers at Rita Elementary School, Majuro. Below, William Eperiam, consultant for deaf programs in the Trust Territory, demonstrates sign-language techniques to teacher Ignatia Guotinan and two of her students.



The most extensive Special Education Program in the Trust Territory is that of deaf education. William Eperiam recently completed an inspection of all deaf programs. The tour marks a milestone in the development of Special Education in the Trust Territory. This is the first time Micronesia has had the capability of providing specific consultation to its program using internal personnel.

*"... the program cannot continue
without materials ..."*

Training and programs, however, cannot exist without materials being made available to the trainees and to teachers who must work with the handicapped child. The Trust Territory is involved in developing materials, but once they are developed, there must be a system for their dissemination to teachers.

Because of this need, the Trust Territory, in cooperation with the Northwest Special Education Instructional Materials Center, is establishing a territory-wide system for providing materials through establishment of a system of Associate Centers. The first one was established at CCM in 1970, another responsibility held by Susan Moses in cooperation with Ponape District.

In addition, a second center has been established in Palau, coordinated by Peter Elechuus, who has been in the local educational system for many years as teacher,

principal, and supervisor. Peter recently spent six weeks at the University of Oregon becoming oriented and trained for the operation and administration of such a center.

In an interview for the Northwest Special Education Instructional Materials Center's Newsletter, Peter stated that his job was "to build a materials collection and then to get the materials into all the schools. We'll have to go to the teachers instead of the teachers coming to the center."

As individualization is the core of any program for the handicapped, he went on to say, "individualizing instruction is very important in Palau, since we have so many children of different abilities in classes together. I hope the materials for slow learners will also benefit the regular students, in that the teachers will learn to think of the students separately instead of as one group."

"That the teachers will learn to think of the students separately instead of as one group" is central to Special Education. Every child and adult is unique and must be approached as such.

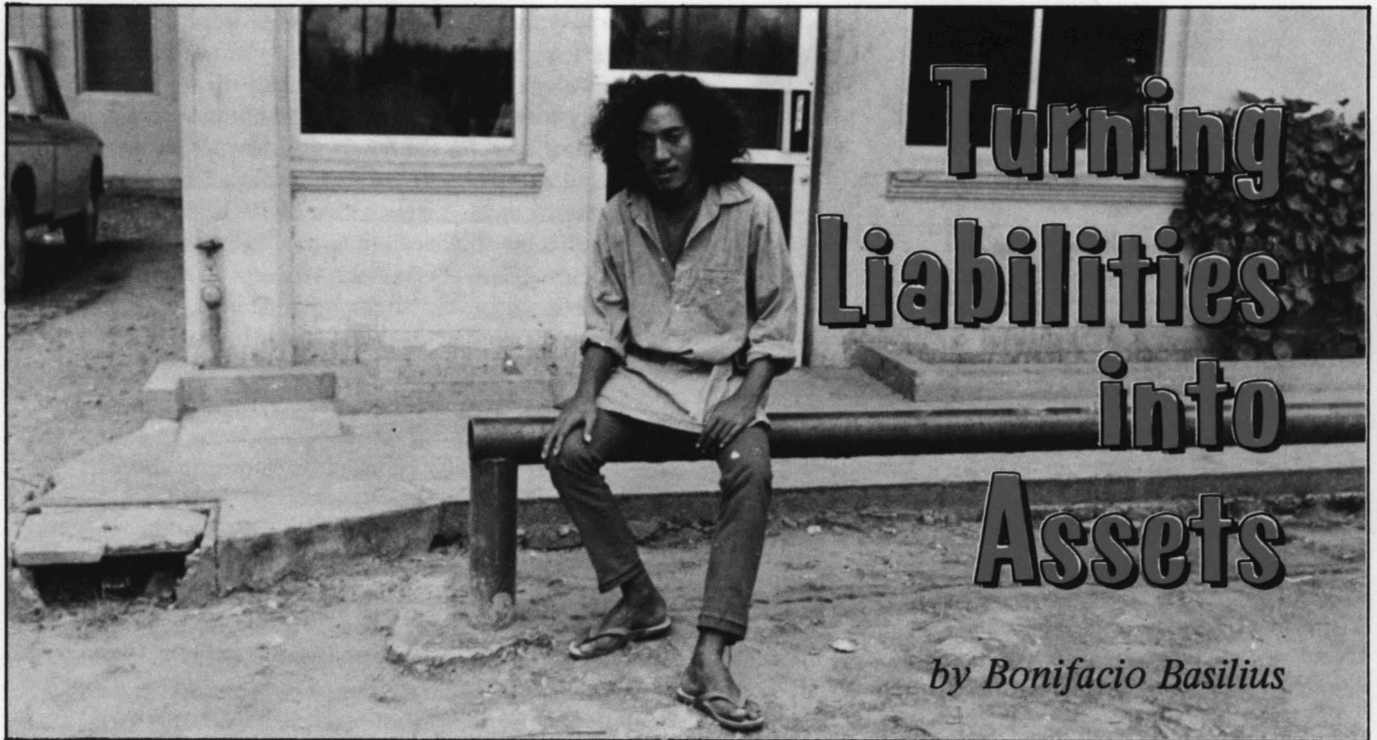
Providing for the unique needs of handicapped children through a social and educational program is the end to which such people as these teachers have committed themselves and about which they have done "a lot of thinking and crying...."

in the next quarter

Micronesia Yesterday— Dan Peacock, Director of Library Services for the Trust Territory, takes us "by footnote to Rupack Street, London, England," to retell the story of the Palauan Prince who lived—and died—in England.

Micronesia Today— Television came to the Trust Territory in 1969 when WSZE began operations on Saipan. Dan Smith, from the Stanford University Communications Institute, studied the effects of four years of exposure to TV on the people of Saipan and reports his findings next quarter.

Micronesia Tomorrow— The future political status of the Trust Territory looms as perhaps the largest issue to face the Congress of Micronesia in the January '74 session. A summary of the session appears in the next Reporter.



In all six districts of Micronesia there is a group of young people between the ages of sixteen and twenty-five who are not in school and are not employed and who are definitely visible parts of what is wrong in their communities. Many labels have been attached to them—"juvenile delinquents," "misfits," "jailbirds," etc.—but one name that seems to encompass the majority of them is "school dropout." And this is an accurate, if general label.

The Trust Territory Education Act requires that compulsory education must be given to every child between the ages of six and fourteen. Exact statistics are hard to come by but the Department of Education estimates that better than ninety percent of all children in these age groups have at one time or another attended school in the last six years. This year the Department of Education put out a report which indicates that approximately 1,169 elementary school age children *dropped out of school*. At the secondary level the figure is 990.

The purpose of this article is not to explore the reasons and causes for students dropping out of school. Rather, it is intended here to present a general picture of what is happening to these young people and the harm they are doing to themselves and their communities. It is sincerely hoped that these unfortunate youths can be changed from community liabilities into public assets.

Let me begin with a personal experience with a young man who certainly can be classified as a "hard core school dropout."

It is customary in Palau for members of a clan or a family to get together once in a while in the home of a ranking clan or family member to discuss clan and family affairs. More often than not, these meetings are occasioned by a death in the family, or by a marriage, or, as frequently happens, it follows that financial extravaganza called *ocheraol*. The *ocheraol* system in Palau is essentially a fund-raising scheme designed to raise money to purchase a house, or a boat, or any other such large property item for a relative. It is not necessary to describe here in detail what the system is because it has no bearing on this article. What is important, however, is that like a funeral or a marriage or any other major social function it can be a forum for relatives to take stock of clan or family affairs and, where necessary, it may be used as an opportunity to correct erring family members. It was during one such an occasion following an *ocheraol* held by my clan that I became deeply aware of the extent to which aimless and unprepared youths were facing problems of adjustment in changing Micronesian communities.

At one point in the family discussion, grandmother turned to one of my aunts and asked, "Why is it that your son cannot say anything sensible?"

"I don't understand what you mean," my aunt replied, greatly puzzled.

"Your son makes noise. He utters words, but he does not speak. Speech is like a mirror; it reflects the person as he really is. The way that young man talks indicates a tired and lazy mind. Now, I was born when the village of Melekeok was burned by an English ship (1882 which makes grandmother 91 years old), but my mind is not tired or lazy. That boy does nothing and he drinks too much. Something is terribly wrong with him," grandmother concluded her bristling speech.

The subject of this discussion was a young man called Kintol. He lives with his parents on Koror. He left school before he reached the sixth grade. He was in jail once, for two weeks, on a charge of malicious mischief. His father carves story boards for a living and his mother (my aunt) sells excess vegetables she grows in her garden to supplement the family income. Both parents have absolutely no control over Kintol. He is now twenty-three years old and has been outside of family control ever since he left grade school at the age of fourteen.

Indeed, something was definitely wrong—not only with the young man Kintol, but also with the way these family elders have come to treat this apparent shortcoming in the family. It was scarcely more than a decade ago that similar problems would have been "solved" decisively by family elders. In those days, the authority in the family—always the oldest uncle—would have called the problem youth to his house and *ordered* him to make something of himself and to assume certain clearly defined duties and responsibilities in the clan and his family. It was unheard of that such a command would be disobeyed. But times have changed, and the clan or family authority is not as strong as it once was. In fact, there is doubt if it is still in existence at all in most families or clans. For Kintol and others like him it would be madness to even consider seriously any "words of wisdom" from a feeble, old man.

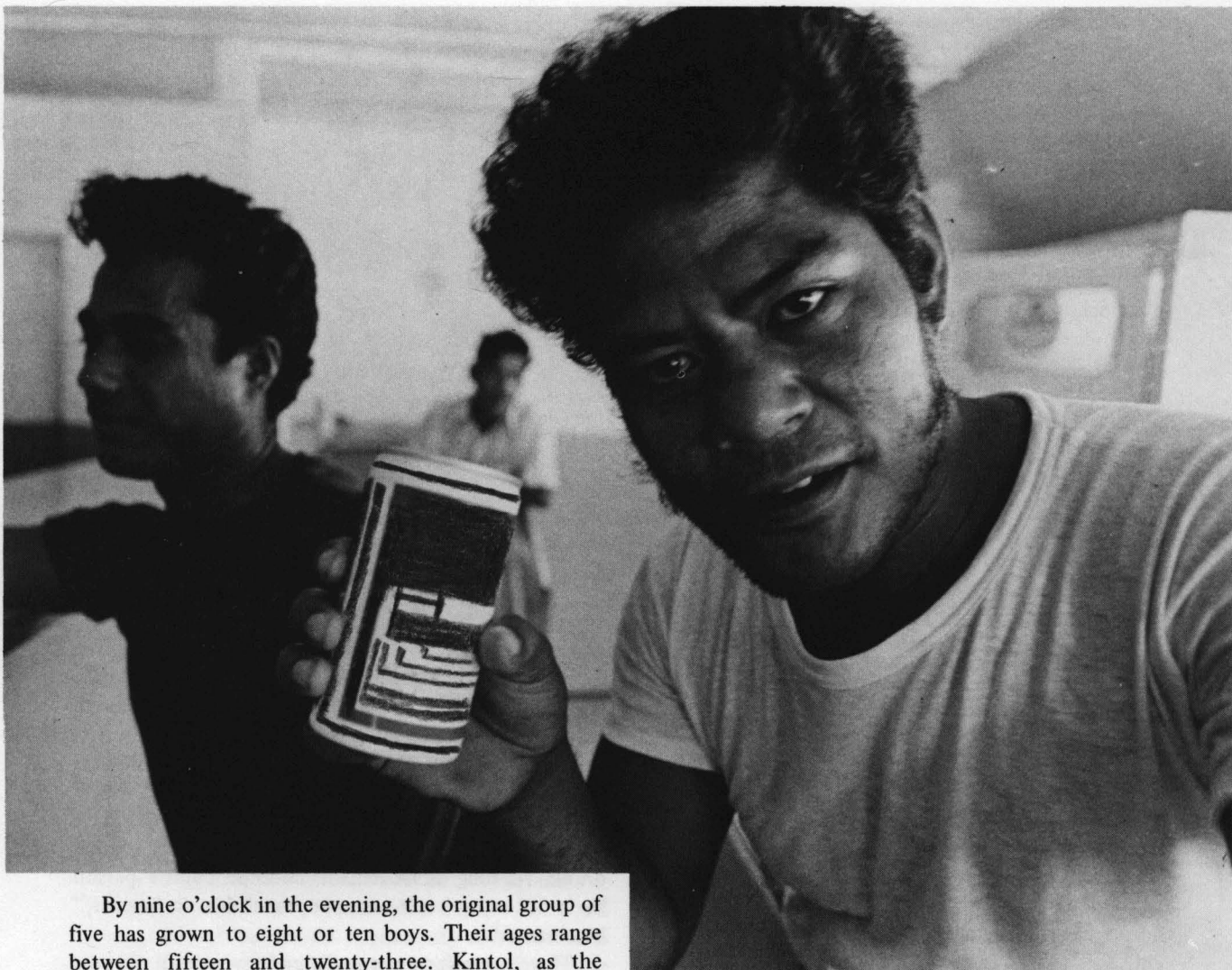
Somewhere in the midst of this generational and social behavioral gap lie the concepts of "law," "courts," "school," "government," and "modernization" that neither side has quite begun to comprehend but which are, nevertheless, a part of life as it is being lived in the 1970's. And so the old family matriarch continues to bristle and despair at the goings-on of her decadent descendants and Kintol remains a problem youth, perhaps even considering his non-responsible status the best thing that ever happened to him.

On any given day of any given week, Kintol's activities might follow this pattern. He wakes up at eleven o'clock in the morning and eats the first of his two daily meals. The fact that he did not have any part in providing food for the family does not bother him at all. He then walks over to a small barbershop across the street from his house where he begins his day. If the talk in the barbershop is too "serious," dealing with such topics as government, business, employment, school, church, or world and territorial news, he yawns and stretches himself out on a bench in the shop and goes to sleep. If, however, the talk turns to activities in the local bars and restaurants the night before or to a fist fight that took place somewhere in town, he sits up and listens attentively. He might even describe his part in them.

At four o'clock in the afternoon four other boys have joined Kintol in the barbershop. A lively conversation will ensue on what they will be doing in the evening. Most customers who come in at that time will be working people. All will have a haircut and leave the shop without saying a word to Kintol and his friends. By five o'clock the pool hall down the street will be open, and Kintol and his friends leave the barbershop and go there. Before they have finished their first game everyone is halfway through a can of beer, and their day has really begun just as it begins to get dark. Who pays for their drinks and games? Someone always has money; it doesn't matter how he got it.

This is one of the lucky ones. He graduated from Truk High School last year and with a scholarship from the Congress of Micronesia he is going to college in Hawaii.





By nine o'clock in the evening, the original group of five has grown to eight or ten boys. Their ages range between fifteen and twenty-three. Kintol, as the acknowledged leader of the group, suggests that they move someplace else for more fun. The bar-hopping begins. One of the boys, who earlier in the day had borrowed his older brother's car, serves as chauffeur. By midnight the group has had one or more encounters with police officers, bar owners, or with another group of boys. If they are lucky, no one has been arrested or taken to the police station for questioning or detention.

Throughout the evening the group has been accumulating a great deal of beer and assorted hard drinks, mostly from near-empty bottles of hard liquor. As the bars and restaurants close for the night, the group piles into their borrowed car and heads to a secluded spot on the edge of town. On the way, they stop at their homes for food. Sometime around two or three o'clock in the morning, with their drinks gone and their second meal of the day eaten, the group returns home drunk to sleep.

The trip from Nama island to Truk's District Center has not been productive for these young men. They came looking for jobs, but spend most of their time in bars. The frustration shows.

In all six district centers of the Trust Territory one can find similar groups of youths with no great difficulties. To be sure, not all are in the same category as Kintol and his friends. They are, nevertheless, restless, unemployed, heavy drinkers, and nuisances to their families and to their communities. Local residents complain about them. The churches are disturbed and anguished about them because they are signs of growing decadence in societies that were basically morally stronger and more stable. Visitors are dismayed that such goings-on are indeed taking place in these beautiful and basically unsophisticated islands of Micronesia. And certainly the government is aware of the problems and has taken preliminary steps to combat them.

Recently, the Division of Community Development in the Trust Territory Department of Public Affairs conducted a Territory-wide survey to determine the social and cultural factors that cause alcohol abuse among the youth of Micronesia. To do the job, the Division retained the services of a former, long-time employee of the Trust Territory Government and a well-known student of Micronesian societies, Francis B. Mahoney. Following extensive interviews and consultations with medical, court, and police officials, Mr. Mahoney identified in his report the following social causes that contribute to alcohol abuse by Micronesian youths:

1. Boredom for want of alternative recreational and/or occupational activities. This feeling is shared by older members of the community, but the latter are preoccupied with family responsibilities and the tasks of economic survival.

2. More than their fathers, young men have developed exalted material expectations and new values of personal liberty and advancement that only a few young Micronesians are able to satisfy.

3. Drinking, particularly in the traditional all-male pattern, provides a temporary release for these frustrations. Unfortunately, district center bars bring together men of diverse localities, families and traditions and thus tend to create a threatening rather than a supportive situation.

4. Law enforcement by the police is often lax. Justice is felt to be overly lenient. Juvenile lawbreakers are undeterred since there are no facilities for juveniles.

5. Traditional authority figures—both parents and village chiefs—are unsure of their control, being themselves caught in the conflict of values and legal systems. As a consequence, young men tend to disregard their directions and advice.

6. At the same time, there is an absence of new models that the average young Micronesian can easily emulate or identify with. Meanwhile, it is possible to imitate adults by drinking—a sign of manhood.

7. The generally academic emphasis of the educational system of Micronesia is increasingly creating frustrations as an ever increasing number of young people graduate from the school system without marketable vocational skills yet, percentagewise, less chance of proceeding on to higher education. In any event, there is little apparent effort being made to match either academic or vocational training with existing or anticipated job openings. The frustrations of being either under-educated or over-educated and without a satisfying job also tend to produce drinking problems.

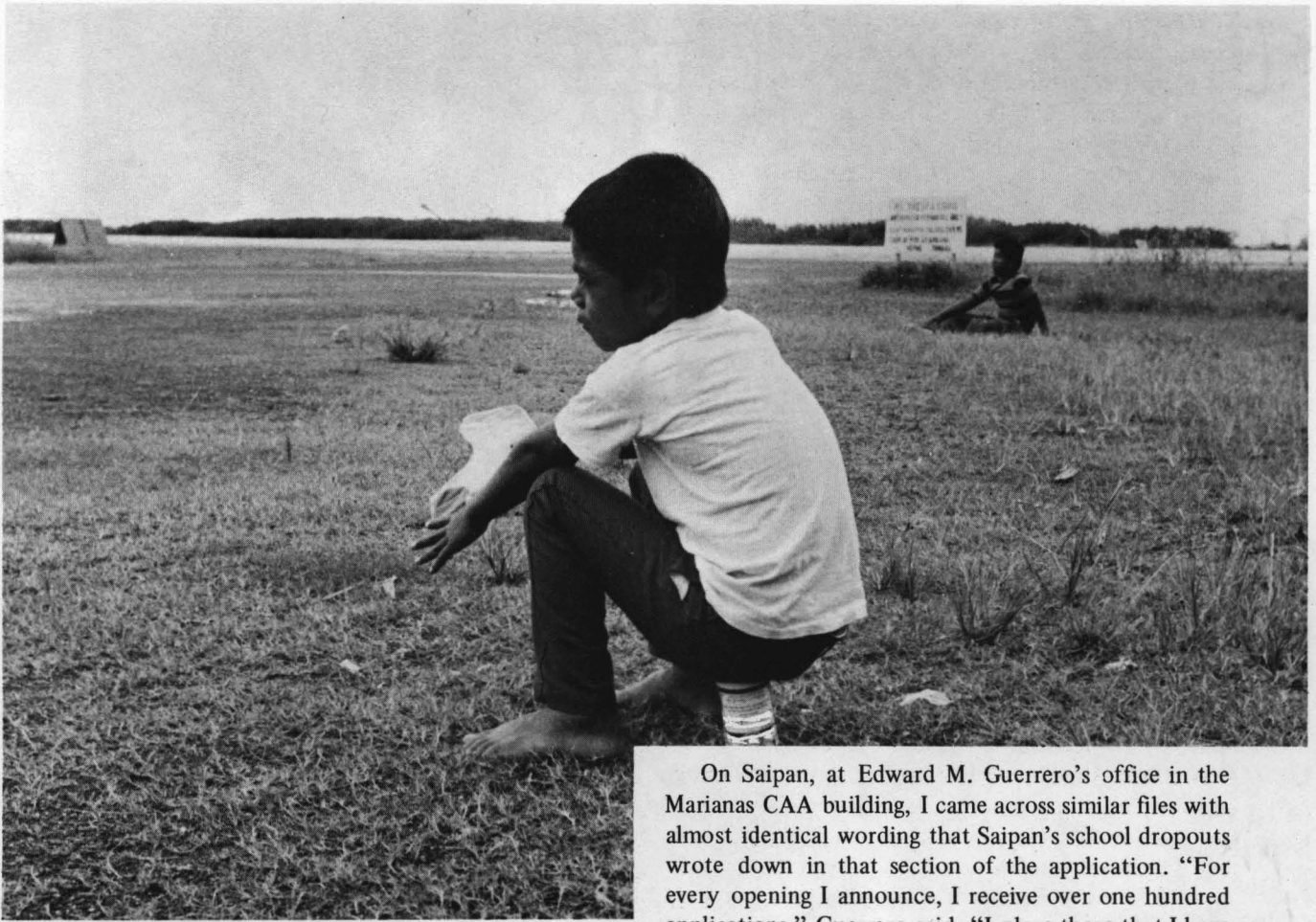


This young lady is better off than many—she has a job as a waitress in a hotel bar in Ponape. But she has no other marketable skills, and beyond her present situation—tenuous at best—she faces an uncertain future.

These are valid assessments of alcohol-related problems that young Micronesians face, and no doubt the authorities are seeking their remedy. In three districts—the Marshalls, Ponape, and Yap—a “drinking permit” law has been put into effect to bar juveniles from access to alcohol. But this attempt is only a partial solution because the problems of a teenage school dropout or an aimless young man in his twenties are not entirely alcohol-related. As one Ponape businessman put it, “I can refuse to sell drinks to anyone who I know is a school dropout, but that does not make him any better than if he were a roaring drunk. As long as he remains an unproductive person he is not much use to anyone, much less to himself,” he observed.

There are efforts currently underway in all districts to assist these unfortunate youths—efforts which, though severely restricted in both financing and manpower expertise, are achieving highly commendable progress. These are the local Neighborhood Youth Corps (NYC) programs attached to the local Community Action Agencies. Funded by the Federal Government and administered by the Trust Territory Division of Community Development, these programs are turning out, at the average of twenty employed school dropouts a year per district, a small but significant number of youths who otherwise could be classified as hard core juvenile delinquents.

In the office of Yoshiwo Pelep, the NYC Coordinator for Ponape district, I was amazed at the size and difficulties of the job he was doing. “Two days ago, I announced two openings for job placements over the radio. Today, I received two hundred applications. I wish I had some of that scholarship money to help these kids,” Pelep said.



What will happen to this youngster in ten or fifteen years? Will that can of beer that props him up now still be an empty can in the future? Recognition of the alcohol problem has come—the search for solutions to the problem has begun.

I asked Pelep if I could see some of the applications. He gave me a thick pile of them. And these are some of the comments that I copied down in my notes from the section in the application that said "Reason for dropping out of school." *Because I was always late and didn't report to the office...Pregnancy...Lazy...Fight...Not passed the test...I just feel like dropping out because I don't like my teachers...Cut classes...Missed classes for two months...Did not go to class for three months...Not pass high school test...Two things that made me drop out of PICS were drinking and careless...Breaking school rules...Lack of attendance at school...I got pregnant...Misbehavior...Because I didn't pass...Drinking beer or sakau...No reason...Was not admitted to PICS...Failed test...Bad grades...Lost interest in school...Lost some school books and was afraid to go back...Family problems...etc.,etc.,etc.*

On Saipan, at Edward M. Guerrero's office in the Marianas CAA building, I came across similar files with almost identical wording that Saipan's school dropouts wrote down in that section of the application. "For every opening I announce, I receive over one hundred applications," Guerrero said. "I place those that I have slots for and do my best for the rest. I meet with businessmen and beg them to hire these people. On the whole, the business community has been most cooperative. They do the best they can, but as businesses they have a limit that they cannot go beyond and still remain as profitable businesses. They help in other ways. For instance, JoeTen offered a piece of property in Chalan Kanoa for a basketball court. The kids themselves built the basketball court and are now using it. That keeps them busy, not all of the time, but enough to keep most of them out of trouble."

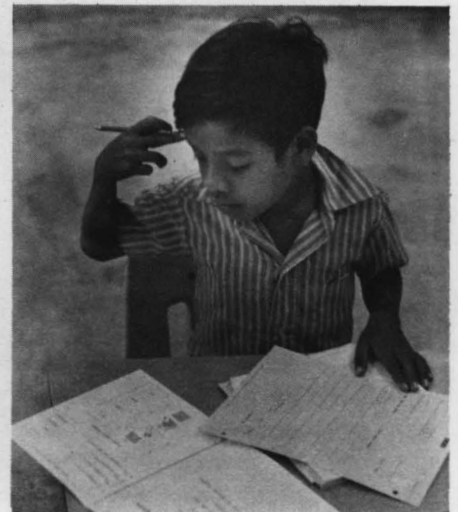
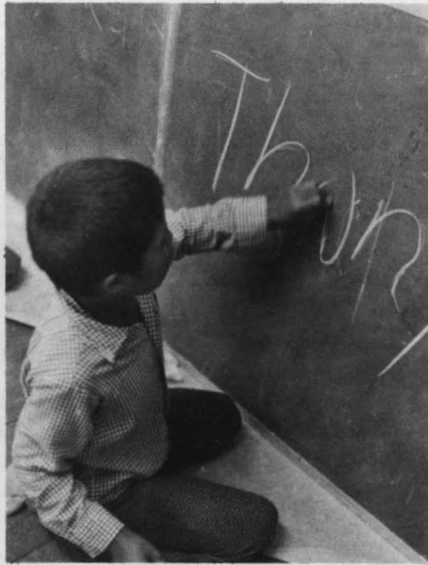
Palau, Yap, Truk, and the Marshalls have similar programs sponsored by government and private agencies. They, too, are severely restricted in the kind and scope of assistance that they can offer to problem youths. Something must be done. It doesn't make much sense for a country to spend a great deal of money, time and effort in graduating more than a thousand students a year from high school and at the same time close its eyes to what is happening to 990 high school dropouts in that same year.

Defining the Difference

a look at Saipan's Oleai School

Trust Territory Public Schools have been criticized for being oriented toward stateside standards instead of serving the islands' needs. The report of the 1973 United Nations Visiting Mission urged that Micronesia's educational system serve as a unifying agent to prepare the people for self-government and participation in economic and social development. It called for an effort to bring to the islanders a knowledge of their own peoples, their islands, the government and the economy.

At least one school in Micronesia is making an energetic attempt to fulfill this mandate: Saipan's Oleai Learning Center. This school, operating under a Federal Title One program since October 1972 has dramatically taken on a new, different, and sometimes controversial atmosphere.



an experimental learning center

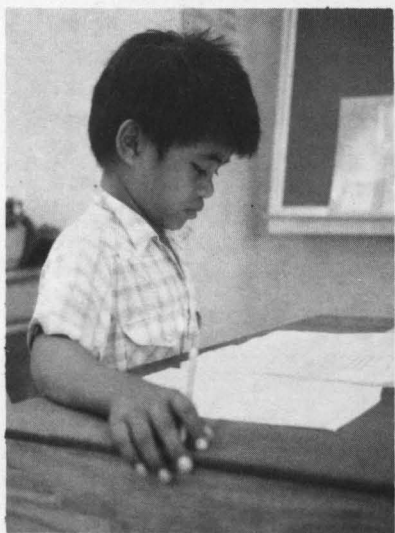
by Clair Howard

The familiar classroom organization was thrown out the window. Children no longer sat in rows of desks facing a teacher at the front. In some cases, walls were even torn down between classrooms.

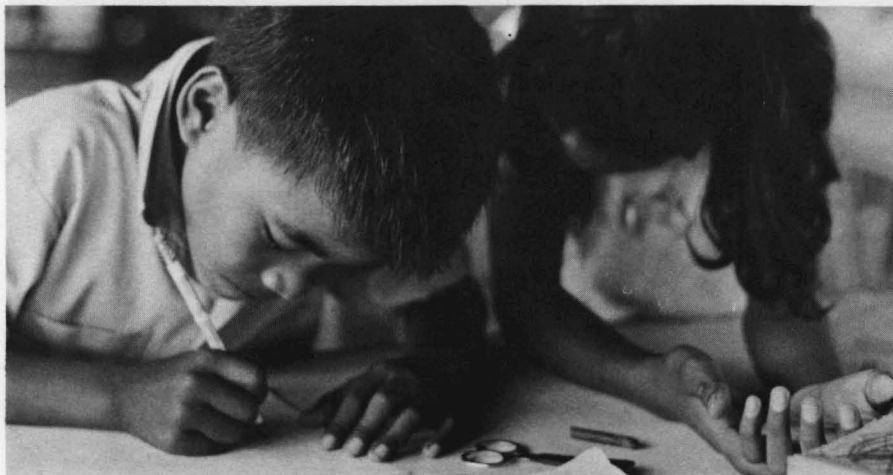
Children no longer waited to be told what to do, or when or how to do it. Teachers were no longer frustrated in trying to teach facts and figures to large groups of children who had different abilities and different interests.



Subjects were no longer "taught" as though they were something difficult. Bells no longer signaled the end of one subject and the beginning of another.

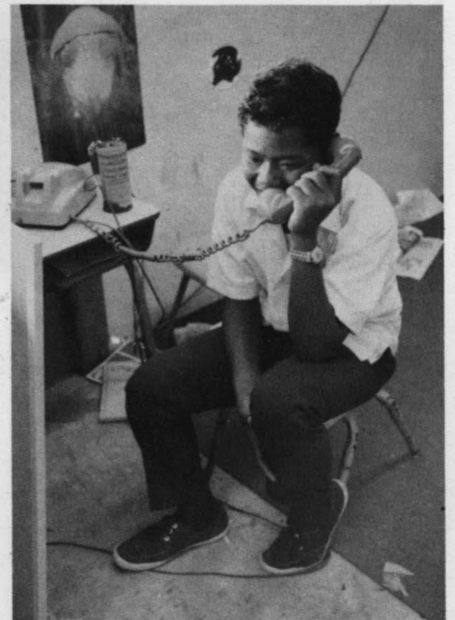


In this experiment, the teachers and the community of Oleai were seeking a very fundamental goal: to humanize and personalize learning for their children, making it meaningful, relevant, and personally satisfying.

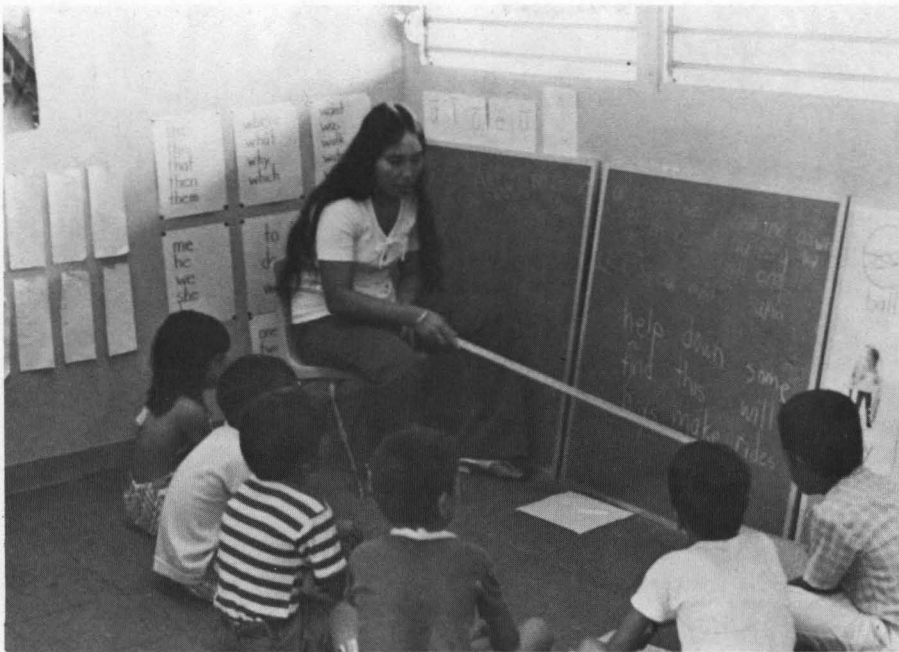




Learning became child centered rather than teacher directed. It was recognized that each child is different, that children learn in different ways, at different times, and from each other.



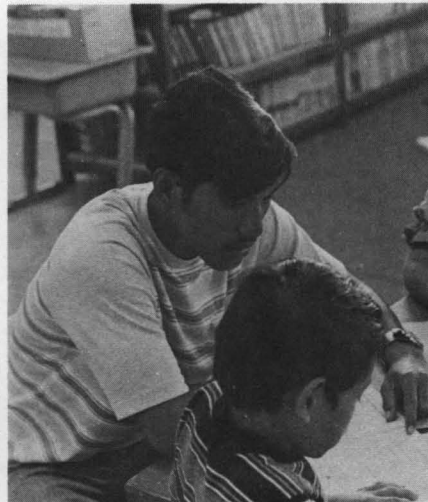
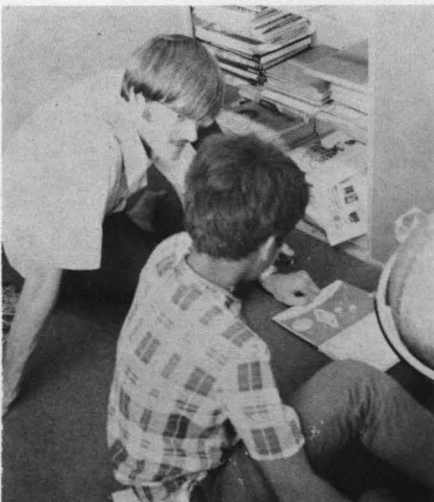
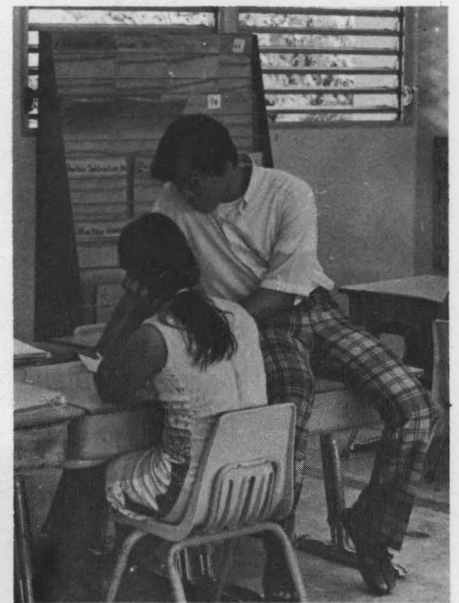
Children are motivated to learn whenever they are left in charge of their own learning.



Children were provided with opportunities to make responsible decisions on their own. They were treated with trust and respect, so that they might grow in self-confidence and integrity.

Teachers became "real people" again, capable of sharing the fascination of discovery, and the joy of having a good friend.

The environment for learning became supportive, where children could move about freely, talk to each other, to work in small groups, or to work alone.



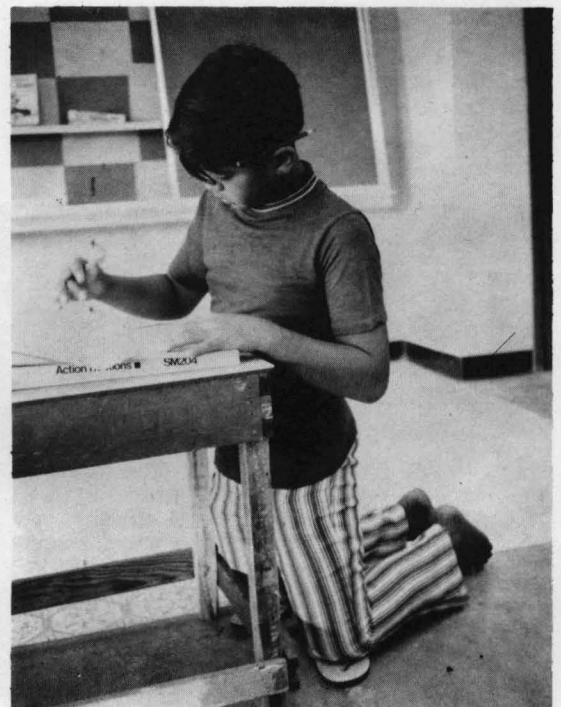
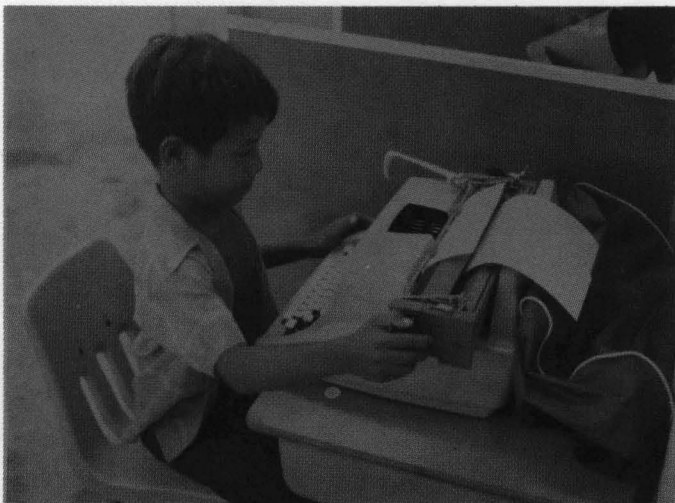




Oleai is now well into its second year. What is the anticipated result of this experiment? It is NOT necessarily to achieve high test results (although Oleai test results after the first year were significantly higher than those in previous years). It is NOT necessarily to produce students who have memorized vast stores of facts (although this, too, seems to be happening in the process).

The hoped for result is happy children, who feel successful and confident in the process of learning—children who are independent, self-propelled learners who are capable of making responsible decisions.

The Oleai experiment is an attempt to define the difference between the way our schools are, and the way they can be.



Status Update

by Jon Anderson, Bureau Chief, Micronesia News Service

Washington, D.C., in November is usually cold and often rainy; not a very hospitable place for a dozen Micronesians from the tropical Trust Territory. Yet there they were last fall, the members of the Congress of Micronesia Joint Committee on Future Status, bundled in overcoats against a chill wind as they walked from the Roger Smith Hotel, where they caucused, to the Department of Interior building, where they met with their American counterparts in another round of negotiations on the future political status of these islands. This was Round Seven, or perhaps Round Five if you prefer, as some do; to begin counting only from the point where free association became a live option.

Five or seven, this most recent round of talks was also one of the shortest, although it wasn't planned that way. When it was all over one wag suggested it might have been the cold weather that made the Micronesians want to return home in a hurry. Not likely. The issues that proved to be insurmountable in the days just before Thanksgiving were considerably more substantive.

The talks began on a high note. A week before, the United States had issued its long-awaited policy statement on public land in Micronesia. It seemed to fulfill all of the requirements laid down by the Micronesians for resumption of the status negotiations. Public land *will* be returned to the people of Micronesia, and it will be returned before, not after, the termination of the Trusteeship Agreement.

"...If it is the desire of the people in a district that public lands in that district be turned over to the district now before the termination of the Trusteeship, the United States is willing to accede to their wishes and to facilitate the transfer of title," the policy states. The only restrictions placed on this transfer are certain safeguards designed to protect "...those individuals who have acquired property interests in public lands under the Trusteeship and to meet the continuing land needs of the Trust Territory Government for public use." The policy statement goes on to say these limitations and safeguards "...will apply until the Trusteeship ends, at which time the new government will be free to modify them as it chooses."

It is a far-reaching policy. "Public lands" are defined as "all lands acquired by the prior Spanish, German, and Japanese administrations for governmental or other public purposes as well as such lands as the Trust Territory Government may itself have acquired for public purposes." The term also encompasses tide-lands and marine lands, and "those private Japanese properties, including those of the Japanese Government controlled agencies and corporations, which were seized at the end of World War Two and

placed under control of an 'alien property custodian'." It is easy to understand Micronesian concern with the return of these public lands when one considers the following figures. In the Marianas, 90 per cent of the total land area is classified or administered as public land. In Palau it is 68 per cent; in Ponape, 66 per cent; in Truk, 17 per cent; in the Marshalls, 13 per cent; and in Yap, 4 per cent.

Reaction to the policy paper in the Trust Territory was, not surprisingly, generally positive from Americans and Micronesians alike. "Long overdue," seemed to be the most frequent comment. It remained only for the Joint Committee on Future Status to make some sort of gesture of approval. To assist in its evaluation, a delegation of leaders from Palau, the district that had pushed the public land issue most strongly, went along to Washington. Although concerned about some particulars, the Palauans generally agreed with the policy, and the Joint Committee accordingly gave its approval as well, subject to certain clarifications and modifications which were made a part of the record. The stage was thus set for the resumption of formal negotiations, after an hiatus that had lasted more than a year.

The talks officially began November 14, a Wednesday. Senator Salii and United States Ambassador F. Haydn Williams delivered the customary opening statements, full of hope and promise. The two sides then settled into what most observers expected would be a long working session, tackling the nitty-gritty of remaining titles of a draft compact of free association, principally those sections dealing with finance and termination. The best guess seemed to be that the talks would go on until at least the end of November.

By Friday, however, just two short days after the round opened, it had become apparent that another stumbling block had been reached. There were a few mumblings about "packing our bags" from some members of the Micronesian group, and long caucuses were held. The issue was money, and it was evident the two sides were far apart on an annual support figure to be pledged the future Micronesian government by the United States. A Micronesian New Service dispatch from Washington on that day quoted Senator Lazarus Salii as saying: "There has been very little change in the position of either side since the last time we talked of this question. The Micronesians are still talking in terms of one hundred-million dollars. The American delegation still considers this figure too high but has not really given any firm counter proposal." When asked whether he thought the two sides could reach agreement on the question, the Senator replied: "I am really not sure."

As it turned out, they did not. The American delegation wanted very much to see the talks continue, and they proposed setting aside the financial question for a time to work on other things, coming back to the money matter later in the month. Such an effort would be "an exercise in futility" without an agreement on the finance question, the Senator from Palau replied. Alternative proposals offered by the Micronesian side, involving re-opening of already completed portions of the draft compact for further negotiations as a means of keeping the talks going proved unacceptable to the American side, and so the impasse remained.

Finally on Wednesday, November 21, barely one week after the talks had opened, efforts to find a compromise that would enable them to continue were abandoned. Once again the two delegations gathered in the plush conference room at Interior to face each other across the huge, coffin-shaped table. This time the remarks of the two chairmen were less predictable, and less promising.

Citing the Micronesian request for an overall funding level of one hundred-million dollars annually for the first ten years, plus continuation of existing U.S. Federal programs, and a U.S. proposal in the neighborhood of forty to forty-one-million dollars annually plus the continued services of the FAA, the Postal Service, and the weather service, Senator Salii commented:

"Since these respective propositions have been advanced the United States delegation has been unwilling to make any significant improvement in its offer. We, on the other hand, have been willing to reduce our request by 20-million dollars annually and to accept a significant diminution in the federal programs to be offered without compensation subsequent to termination of the Trusteeship.

"Because of this wide gap and the apparently unyielding stance of your delegation, we have had to conclude that we cannot usefully proceed with the discussions of the remaining sections of a compact of free association until this gap is substantially narrowed..."

The Senator expressed the hope that the United States delegation would "make some key decisions" with regard to its position, and present a new proposal to the joint committee more in line with the Micronesian request. Otherwise, he warned, "it will be the responsibility of the committee to advise the Congress (of Micronesia) that the talks on free association have proven to be unproductive and that some other course should now be considered."

Replying to the Senator, Ambassador Williams also adopted a tough stance, but one that nonetheless

contained some hope for an eventual agreement on the issue. Contradicting Senator Salii, the Ambassador, in summarizing the U.S. position on finance, stated that the American proposal totalled \$43-million for *five* districts, a figure, in his words, "considerably higher proportionately than the figure of \$40-41-million for six districts appearing in (Senator Salii's) statement..."

"In summary," said Williams, "we considered our proposal when viewed against the level of current operations, projected need and potential sources of income, to be fair and reasonable. Our guarantee of continuing basic support at approximately the current level of support, plus the prospects of additional income (from Micronesian sources) would have, we believe, provided for steady forward progress in government services, and a gradual movement toward greater economic self-sufficiency and economic independence.

"Conversely, the latest Joint Committee on Future Status proposal still totals, by our calculation, in the neighborhood of one hundred-million dollars annually for six districts including federal services, programs and loans. We believe this would lead Micronesia to greater and greater dependency and away from its stated goal of self-sufficiency. We feel that the figures you presented and the justification are unconvincing...It seems to us, on the face of it, unrealistic to suppose that once a territory sheds its trustee status that the measure of assistance from the former Administering Authority should be greatly in excess of the annual level of support provided during the period of trusteeship itself."

The Ambassador closed his remarks by noting that, while disappointed, he does not despair for the future of the talks. Problems in the past have been overcome, he noted, and this problem will undoubtedly also prove to be one on which the two sides can eventually reach agreement. Senator Salii has also stated, in interviews and meetings since returning to Saipan from Washington, that he feels the talks can go forward in 1974. Following a meeting with the Ambassador in December, in fact, he announced that technical level working sessions will resume early in the year in an effort to iron out the differences on finance and lay the groundwork for an early resumption of the talks.

Much depends on what happens on Saipan during the 1974 session of the Congress of Micronesia, which will be well under way by the time this magazine reaches most of its readers. The United States has agreed to provide \$450,000 toward the costs of a Micronesian Constitutional Convention, thus virtually assuring that this important gathering will take place soon. And there is likely to be further discussion

during the session on the course the talks are taking, with possible additional guidance from the Congress to its negotiating committee. A report like this must, of necessity, remain incomplete, covering as it does only a three-month period, a small part of the ongoing story of future status in Micronesia.

There is another portion of that story that must be given separate treatment, though, and that is the separate Marianas status talks. Here, too, there was much development during the quarter. Following the May/June second round on Saipan that had seen the outline of a U.S. offer of commonwealth status to the Northern Marianas as well as disclosure of plans for a major military installation on Tinian, the Third Round of talks, also held on Saipan, in December, made still more progress toward an agreement that will inevitably separate the Marianas from the rest of the territory.

Departing from the briefer and less technical format of past joint communiques, the statement issued at the conclusion of the talks by Ambassador Williams and Senator Edward DLG. Pangelinan, Chairman of the Marianas Political Status Commission, was filled with indications of substantial progress toward a final agreement. The document is lengthy, but its major points were summarized by Williams in his closing statement:

"The major accomplishments of this third session have been (1) a number of important understandings on complex constitutional, legal and fiscal matters—including citizenship and nationality, the applicability of federal law, the protection of the right of local self-government, and customs and internal revenue; (2) agreement to establish forthwith an Ad Hoc Preparatory Committee to prepare a detailed work plan, timetable, organizational structure, and budget for transition planning, in recognition of the critical importance of such advance planning to ensure the orderly assumption of responsibility by a new government of the Marianas following the adoption of a local constitution; (3) an examination of the pace and direction in which the economy of the Marianas is likely to develop and the opportunity this presented for the U.S. to present a specific proposal of U.S. financial assistance during the first five years following the installation of your new government—a proposal which is, I believe, commensurate with (Marianas) requirements and relevant to (their) principle economic goals of a steadily rising standard of living for (their) people and ultimate self-sufficiency; and (4) an exploration of such questions relating to land in the Marianas as the recent U.S. policy decision to return public land to local control and the related intensified land cadaster program; and U.S. land needs in these islands."

Ambassador Williams said the U.S. welcomed Marianas' expressions of understanding of U.S. military land requirements, and general agreement to accommodate them. He also said a fairly extensive understanding was reached during the December talks as to how the land needs in question can be satisfied.

This was not spelled out in detail in the joint communique, and remains the most obvious problem area yet to be covered by the Marianas negotiators. But judging from the general tone and from specific expressions from both sides in December, there are few real difficulties remaining to a final agreement. The people of the Marianas are well on their way toward becoming Americans—either nationals or citizens—with all of the rights and responsibilities that status implies.

Many members of the Congress of Micronesia from the other districts still have not fully reconciled themselves to the fact of Marianas separation. Some still retain a faint hope for maintaining the six-district unity of Micronesia. That would seem to be increasingly unrealistic, and possibly self-deceiving. For better or worse, Saipan, Tinian, Rota and the other islands of the Northern Marianas are going their separate way, and the remaining five districts must look within and among themselves to find their own future direction.

One final development from the quarter worth mentioning is creation of a new effort at political education. Following literally hundreds of indications from people at hearings throughout the territory this summer that they want more information, and the inevitable recognition that the political education efforts of the past have been largely ineffectual, the High Commissioner, after consultation with U.S. and Micronesian status leaders in Hawaii in October, announced a new program, with a new name: "Education for Self-Government."

This observer of some three years of political status activity in Micronesia would like to hazard a prediction: That 1974 will be one of the most significant years yet in the drive toward self-government in the Trust Territory. It is still too soon to predict a date for the end of the Trusteeship Agreement. But by the end of this year the five districts may have a constitution and the framework of their future central government laid out, the Marianas may successfully conclude their negotiations toward a commonwealth arrangement with the U.S., and the draft compact of free association for the other districts may be complete, or nearly so. If even one of these things occurs, 1974 will be an important year indeed, and all three are distinct possibilities.



The subsistence farmer with his dry-land taro in the Marianas; the highly mechanized commercial-scale farmer in the United States.



Commercial or Subsistence? Which One?

by Bermin Weilbacher

Many statements have been made about the terms "commercial" or "subsistence" agriculture. What do they mean? Which one of these definitions fits your own?

Commercial agriculture is mechanized farming on large land masses. The end result is profit.

Subsistence agriculture is farming on little plots of land, without the use of machinery or technology, for family needs; if there's a surplus, it's sold for extra income.

My definition of the two terms are as follows:

Commercial agriculture: Developing one's agriculture resources solely for a cash income. Any surplus is discarded or consumed by the family.

Subsistence agriculture: Developing one's agricultural resources for self-sufficiency. Any surplus is sold or consumed by the family.

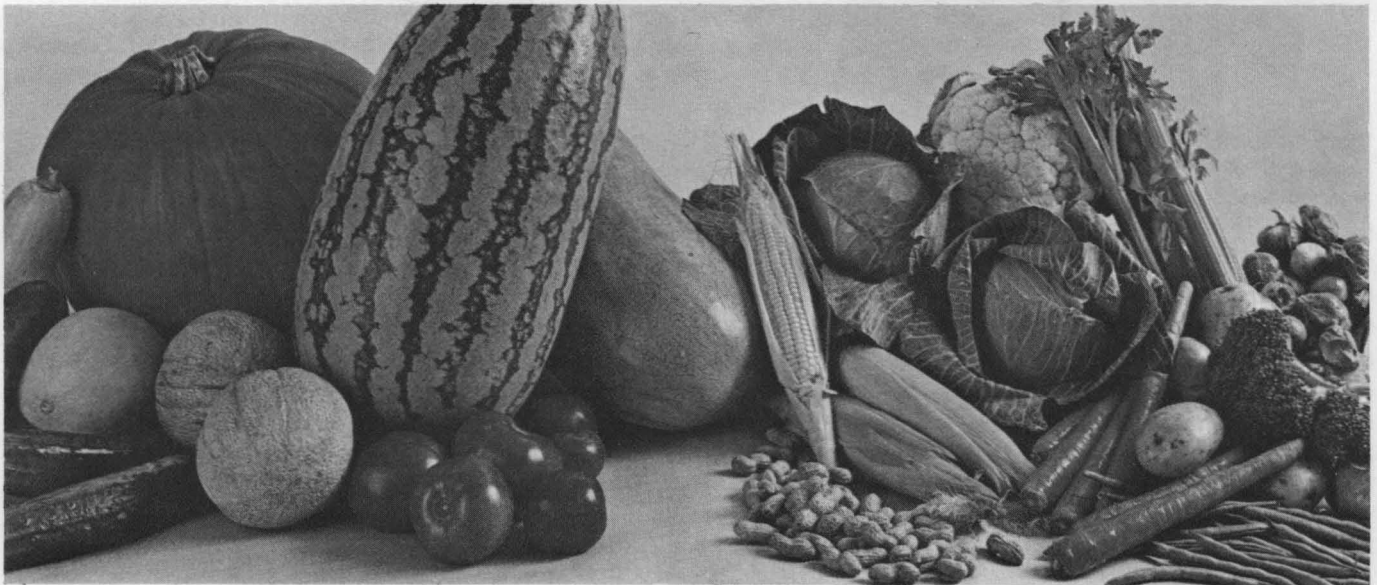
To put it another way, commercial agriculture is *full-time* farming. Subsistence agriculture is *part-time* farming.

Agriculture in Micronesia today is a combination of both commercial and subsistence, and thus creates some problems.

Take copra-making for instance. Why does a person make copra? To earn a cash income, period. That in itself is commercial agriculture, but without the benefit of machinery or technology. Coconuts which are not processed into copra are either discarded (fed to the pigs) or consumed by the family as food, for fuel, or for other uses.

There has been a tendency to neglect the value of subsistence farm production to the total economy. It has been estimated that if every farm crop produced on a subsistence level were to be sold for cash, the total value of agricultural production would be from eight to twelve million dollars, which is a lot more money than all other economic activities combined. This estimate places the subsistence farm production output at a ratio of well over 3 to 1 compared to the value of farm products produced at the current commercial level. This is not to say that farm production should remain only at the subsistence level, but it does give us another point of view of the value of subsistence agriculture to an island agricultural economy.

The poultry farm and the display of produce are from the United States—but even in Micronesia egg and chicken production are becoming large-scale enterprises, and most of that produce is or could be grown in Micronesia.



Commercially, farm production will be worthwhile and can be measured only when a person or society devotes its total agricultural resources for a cash income return. This has not been done anywhere in Micronesia (by definition only). It's come close to that on Tinian and Rota. Further, it cannot be achieved unless people begin to see agriculture as a way of life and not a spur-of-the-moment chore to earn an extra dollar.

By the latest estimate, there are about 8,000 individuals who are involved in some degree of farming in the Trust Territory. Two percent—about 160 of these—are the *full-time* farmers; the rest are *part-time* farmers. Thirty-eight percent of these individual farmers are employed elsewhere, either by the government or in the private sector, or are self-employed in areas other than farming. The remaining 60% are subsistence farmers.

If more people can be enticed into the full-time farming category, agriculture's role in the total economy will be better recognized.



Micronesia's crops—a giant yam in Ponape, so big that it took 30 men to carry it. Yams that size are important for ceremonial occasions; the more conventional sized yams supplement breadfruit and taro as staples. At right above, pepper berries dry in the sun for gourmet-quality Ponape white pepper.

In Truk, a display of subsistence foods: taro, sweet potato, limes and watermelons. At right, commercial scale farming of Chinese cabbage and green beans in the Marianas.



DISTRICT DIGEST

a quarterly review of news and events from the six districts

Truk A new sub-district center was inaugurated on the island of Ulul in the Namonuito Atoll. It's the second such administrative center outside the Lagoon Islands and includes the Hall Islands, Pulap, Puluwat, Pulusuk and the islands of the Namonuito Atoll... Several new buildings constructed in the district with funds from the U.S. Office of Emergency Preparedness to replace structures damaged or destroyed during Typhoon Amy in 1971 were dedicated or were nearing completion during the quarter. They included new classrooms at Truk High School, a new administration building and a new airfield terminal building... A two-week long seminar in Hospital Administration, under the auspices of the South Pacific Commission, attracted participants from American Samoa, Nauru, Fiji, the Cook Islands, the New Hebrides, the British Solomon Islands and Guam... Meanwhile, the first class of MEDEX trainees was graduated in December as their highly successful program to upgrade skills and services in the health area was completed. A second class is in progress and a third class is being recruited... A delegation from the government of Japan arrived in Truk to recover remains of Japanese seamen who died in the sunken Japanese submarine IGO-169 during World War Two. Cremation of the bones retrieved from the vessel was carried out in Truk and the ashes were returned to Japan for proper disposition... Several thousand people turned out for Charter Day celebrations and to watch competing athletes from five different Lagoon Islands. Dublon again ran away with top honors.

Palau October was a month for celebration in Palau, with the 20th annual Palau Fair scheduled to coincide with the U.N. Day festivities. That day came complete with a 15-float parade and performances by the U.S. Marine Drum and Bugle Corps from Hawaii... With the rehabilitation complete on the Palau airstrip last quarter, groundbreaking for the new *Abai*-style terminal building was held. The terminal should be completed around the first of the year... Representatives of the Office for Micronesian Status Negotiations in Washington visited the district to talk to local leaders about public lands... The Palau Legislature met in regular session for three weeks, passing 21 resolutions and 14 bills. The Legislature also designated High Chiefs Reklai and Ibedul and three legislators as official participants from Palau in the Pacific Conference of Legislators in Western Samoa... A Taiwanese ship, the *Fun Fua*, was discovered on the reef at Merir when the *M/V James Cook* went on the Southwest field trip. It had been aground for forty days, apparently as the result of engine trouble which caused the boat to drift onto the reef. Also, a Japanese vessel, the *Koto Maru*, was taken into custody by Palau authorities for entering Trust Territory waters. The evidence showed the ship had been collecting corals between Angaur and Peleliu. The ship's captain and fishing master were released on bail and the ship was tied up in Malakal harbor while they waited for trial... The Office of Economic Opportunity awarded a grant of a quarter-million dollars to the Palau Community Action Agency to establish a Palau Economic

Development Corporation... The Accrediting Commission for Junior Colleges has granted "candidate for accreditation" status to Micronesian Occupational Center... Bids were opened for the Palau Bridge and it was found that the low bid exceeded the funds available for the project by quite a bit. Supplemental funds for the project were sought in a budget request to the U.S. Congress, and at year's end, that request had been approved.

Ponape This was one of the stops along the way for the Honolulu Symphony Orchestra during its tour of the Trust Territory. It was the second time the orchestra has come to Ponape under a grant from the National Endowment for the Arts... The road construction around the island of Ponape got a big boost with the receipt of \$400,000 from Congress of Micronesia funds. Roads to Kittu and Metalanim were begun... Ponape District became the first of the TT's districts to become self-sufficient in egg production, even exporting its eggs to other districts. Meanwhile, the first Ponape Agricultural Fair was staged at the Agriculture station. Several hundred island residents came to the two-day display of vegetable and fruit crops, and chickens and pigs. The fair served to introduce new vegetable crops to farmers and those interested in getting into farming... A team from the U.S. came to the district to study the question of public lands, meeting with the Nanmwarkis and other leaders of Ponape... Price control legislation was passed by the District Legislature and signed into law by DistAd Falcum, and the Legislature also created a translation

corps to further the dissemination of important public documents to the people... Kapingamarangi Atoll again faced the end of the year with a water shortage similar to the drought a couple of years ago which resulted in severe damage to food crops. The district administration shipped water and extra water containers to the atoll, some 400 miles to the south of Kolonia... Ponape's new dock was opened in ceremonies attended by High Commissioner Johnston... Community College of Micronesia has received "candidate for accreditation" status from the Accrediting Commission for Junior Colleges.

Marianas Construction on Saipan's International Airport at Isley Field began, with completion of the entire project expected early in 1975 if all goes well. Meanwhile, construction on the Continental Hotel was nearing completion with the first increment of rooms scheduled to be open in March, 1974... The Marianas District Legislature met in regular session, passing 20 bills and 40 resolutions, including large appropriations of money for scholarships and for the continued activities of the Marianas Status Commission... The U.S. Representative to those talks, Ambassador Haydn Williams, visited Saipan to continue meetings between negotiating sessions with the leadership of the Marianas Commission... Jose C. Tenorio (JoeTen) resigned from the Status Commission as the business community's representative, and Marianas DistAd Frank Ada appointed Pedro A. Tenorio to replace him... Pan American flew a charter flight from Japan to Saipan with 173 passengers aboard... Problems with imported Chinese cabbage from Japan prompted an emergency order banning such imports... Public schools on Saipan and Tinian opened several days earlier than usual to allow teachers to attend special sessions at the University of Guam next summer.

Marshalls DistAd Oscar DeBrum led forty heads of households from Kili to Bikini so that the former Bikini residents could inspect the new houses which have been built for them at the former Atomic test site. The Kili people listed changes and additions to the houses in preparation for the eventual return of the people to their home islands... The new 20-bed hospital at Ebeye was officially dedicated and opened for business... Majuro played host to the annual conference of Community Development Officers from throughout the Territory. Women's Interest Officers held their meetings to coincide with the CDO sessions... The Army Civic Action Team moved from Wotje and Maloelap to Jaluit Atoll where work was to commence on the wharf and airstrip... Majuro joined the growing list of district centers to have operating dial telephone systems in the Trust Territory... The International Airport at Majuro has proved to be of ever-increasing importance as a trans-Pacific transit airfield with the closing of Wake Island to commercial traffic... Thanks to a Congress of Micronesia appropriation, the paved road at Majuro now runs all the way through the D-U-D area and all the way to Laura.

Headquarters High Commissioner and Mrs. Johnston and Speaker of the House of Representatives of the Congress of Micronesia and Mrs. Bethwel Henry attended ceremonies in Korea where the Trust Territory's new field trip ship was launched. Mrs. Henry was the official sponsor of the ship, and sent her into the water by breaking the traditional bottle of champagne across her bow. A contest to name the ship—the first of a proposed eight new vessels—resulted in a four-way tie among youngsters from three Saipan schools. The ship's new name: *M/S Micronesia Princess*. It should be delivered to the Trust Territory sometime in mid-1974... The Congress Leadership decided

officially that the coming regular session of the Congress would be on Saipan, running for 50 days starting January 14... In the largest undertaking of its kind, the Trust Territory conducted a census of the population in September. Reports so far show that everything went very well, and that figures should be available soon... Movie makers from the educational television station at the University of Georgia spent five weeks travelling through the Territory to make a documentary film. The program will be shown on 240 stations across the United States... The Micronesian Claims Commission ended its one-year period for accepting claims from TT citizens... Dr. Robert Fisher and his wife, Dr. Willa Fisher, joined the Department of Health Services as head of the Mental Health program and the head of the Maternal, Child Health and Crippled Children Services programs respectively. Elias Thomas of Ponape took over as Chief of the Broadcast Division. Jim Johnson left the Marianas as Senior Land Commissioner to take a job in Washington, ending an association with the TT that dated back to Navy days. And Marie Baloga arrived in the Territory to take on the job of Principal at the TT School of Nursing... South Pacific Commission meetings were held on Guam, allowing much more TT participation than is usually the case... The new U.S. Geological Survey map of Micronesia arrived in the TT for distribution; this coincided with release of new land area figures which show that Ponape District is the largest in the Territory by official survey... Headquarters Personnel implemented the new Congress-approved pay plan without a hitch... The TT acquired two former World War Two victory ships and leased them to Trans-Pac... Copra prices were announced in November which peg the tonnage rate for the dried coconut meat at their highest levels ever. Production has increased accordingly, by the gauge of Agriculture Division officials, who say that sales for 1973 will reach the \$2-million level.

Yap The rehabilitation of the runway at Yap's airfield was completed during the quarter and full jet service to Yap was restored. A Special Civic Action Team was involved in the project... Visitors to the district included representatives from the U.S. delegation to the status talks, who were looking for opinions on the public lands issue, two retired businessmen from Hāwāii who came to help businesses in Yap with bookkeeping and accounting procedures, an Australian diplomat on a familiarization tour, Congress of Micronesia budget committee people who came to discuss the district budget for next year, and Rear Admiral Morrison from Guam, who came with the dignitaries to

officially re-open the airfield... Among measures enacted into law by the District Legislature were bills establishing a five percent room tax on hotel accommodations, a first-ever appropriation of money for tourism promotion for Yap district, and a one-cent-per-container tax on canned and bottled beverages, with the money to be used to pay back at the same rate those who bother to collect the potential litter... The Sixth Outer Islands Council of Chiefs was held on Mogmog, Ulithi, with DistAd Aguigui in attendance... The new Yap Junior High School began operation this school year with 163 young people in classes ... The district's new Peace Corps Volunteers arrived in Yap to complete their training prior to assignments.

District correspondents:

Marianas, Manuel Sablan; Marshalls, compiled from Highlights and Monthly Reports; Palau, David Ngirmidol; Ponape, Halvorsen Johnny; Truk, Noha Ruben; Yap, Wilfred Gorongfel; Headquarters, Patrick Mangar.

Banging in the New Year ...

The New Year comes in with a bang in Truk. Young men are given license to roam around the islands beating on empty five gallon biscuit tins to send out the old year and bring in the new. There seem to be varying stories on where this all started. Some say it's a Japanese custom, and that drums were used originally. It's also done in Ponape, apparently with about the same exuberance the young men pictured on the back cover are displaying.

Someone said there was an attempt to establish the custom in Yap in years past, but that the elders declared that it was "too noisy," and that put a stop to it. People have said that the custom also extends into Palau. And in some places the visits to villages through the night of December 31 have turned into a Micronesian version of "trick or treat." That is, "toss us a treat, and we won't stand in your front yard and beat on these cans anymore."

We'd like to know more about the custom, and invite Reporter readers to share with others what they know about it. Write to: Editor, Micronesian Reporter, Public Information Division, Trust Territory Headquarters, Saipan, Mariana Islands 96950.

