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WORKSHOP ON THE EFFECTS OF URBANISATION AND WESTERN DIETS ON

THE HEALTH OF THE PEOPLE OF MICRONESIA

OCTOBER 5 - 9, 1981

TRUK STATE, EASTERN CAROLINE ISLANDS

Sponsored by

Federated States of Micronesia  
South Pacific Commission  
United Nations Development Program

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South Pacific Commission  
Noumea, New Caledonia

November, 1981

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## Introduction

1. Infantile diarrhoea, childhood malnutrition, dental caries, diabetes, hypertension, obesity and gout are serious health problems of growing concern, occurring now often in epidemic proportions, in many South Pacific countries. The causes are many but include bottle feeding, the substitution of fresh food by imported foods, increasing urbanisation and the general adoption of a western life style. At the same time, food imports constitute a major item in the trade figures of every Pacific Island community and trade deficits are widespread.
2. The United Nations Development Programme has kindly provided funds to the South Pacific Commission to help to bring about better nutrition by helping countries review the changes taking place in diet as a result of increasing urbanisation and the adoption of western foods.
3. In-country workshops have been sponsored by UNDP and SPC to review these trends and discuss ways to combat the emerging problems that relate to changing food habits, attitudes and life styles and to address the problems associated with the formulation of sound food and nutrition policies.
4. The Federated States of Micronesia kindly co-sponsored the workshop held in Truk State, Eastern Caroline Islands, 5th to 9th October 1981.
5. The workshop participants were welcomed by Dr Kiosi Aniol, Medical Director of the Division of Health of the Department of Social Services, FSM Government and by Terry Coyne on behalf of SPC.
6. Mr Daro Malon, Administrator, Department of Health, Truk State acted as coordinator and chairperson for the meeting and provided needed typing and photocopying services.
7. The main objectives of the workshop were:
  - (a) To provide and solicit information from National Governments and Administrations concerning present nutritional status and possible consequences of present food and nutrition policies.
  - (b) To solicit information and discussion from appropriate government bodies concerning potential solutions to the presently outlined nutritional disorders.
  - (c) To discuss with government bodies the present status of food and nutrition policies and potential training and/or consultant needs essential to combat deficiencies and to develop and execute national food and nutrition policies.

8. The consultant for the meeting was:

Audrey Maretski, Ph.D  
Food and Nutrition Specialist  
Cooperative Extension Services  
1920 Edmunson Road  
HONOLULU, Hawaii. 96822

9. The South Pacific Commission representative was:

Terry Coyne  
Food and Nutrition Planning and  
Research Assistant  
South Pacific Commission  
Post Box D5  
NOUMEA CEDEX  
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JOINT FSM/SPC/UNDP WORKSHOP

The Effects of Urbanisation and Western Diets on the Health of Micronesian Populations.

5th to 9th October 1981 - Truk State, Eastern Caroline Islands.

Coordinator: Mr Daro Malon

Monday, 5 October

9.00 a.m.	Introduction on Welcome by the Federated States of Micronesia	Dr Kiosi Aniol FSM, Dept. of Health
9.15 a.m.	Introduction or Welcome by the South Pacific Commission	Terry Coyne UNDP Food and Nutrition Planning and Research Assistant
9.30 a.m.	Introduction of Participants	Individual Participants
10.00 a.m.	Coffee/Tea Break	
10.15 a.m.	What are the Components Necessary on the planning and development of National Food and Nutrition Policies?	Dr Audrey Maretski and Nutrition Specialist Extension Services Honolulu, Hawaii
10.45 a.m.	Discussion	
11.15 a.m.	What are the general trends in Nutritional Health of Peoples of Pacific Islands	Terry Coyne UNDP Food and Nutrition Planning and Research Assistant
11.45 a.m.	Discussion	
12.00 noon	Lunch Break	
1.30 p.m.	Workshop Groups	
	I. Maternal and Child nutrition, infant feeding practices.	
	II. Dietary Patterns - Nutritional aspects - Nutrient deficiencies	
	III. Population agriculture, fishery, food imports, food programs	
	IV. Chronic Degenerative Diseases, diabetes mellitus, hypertension, hyperuricaemia and gout cardiovascular disease	

Group I - Describe the changes which have or are taking place in Micronesia from the traditional way of life to the "Westernised life style" in relation to:

- . infant mortality rate - 0-1 year
- . child year mortality rate - 0-4 years
- . infant and child morbidity from infectious diseases
- . infant feeding practices; breast/bottle feeding; introduction of solid foods; types of foods; weaning foods
- . infant and pre-school age child malnutrition or growth patterns
- . dental caries - school age children
- . maternal health and nutrition; especially during pregnancy and lactation
- . discuss causes of malnutrition in the population: lack of food, unemployment; high food prices, lack of health education; lack of appropriate health services
- . list where there are gaps in information/data collection and what is needed to define nutritional status.

Group II - Describe the changes which have or are taking place in Micronesia in the dietary patterns and nutrition deficiencies from the traditional diet to the present day urban diet.

- . nutritional quality of the traditional dietary pattern
- . nutritional quality of the present urban diet
- . how have social aspects of food habits changed: obtained, cooked, shared, taught
- . discuss the major food types and nutrients which have changed (or haven't changed): protein, calories, fat, carbohydrate, sugar, fibre, salt
- . describe nutrient deficiencies found in traditional - living people and present day deficiencies
- . list of gaps in information: what is needed to more accurately describe dietary patterns and nutritional deficiencies.

Group III - Describe the changes which have or are taking place in Micronesia related to:

- . changes in population; increasing or decreasing; proportion of the population living in urban and rural areas
- . changes in agricultural systems from traditional to urban
- . changes in fishing practices
- . changes in food imports; what are the major foods being imported; percentage of increase over the last decade
- . what are the food programs in existence; proportion of families participating
- . discuss the economics effects and social effects of these changes
- . list where additional information is needed to describe importance of changes in population, agriculture, fishing methods, food imports and food programs

Group IV - Describe the changes which have or are taking place in the prevalence of chronic degenerative diseases from the traditional way of life to present day urban populations:

- . obesity
- . diabetes mellitus
- . hypertension/stroke
- . hyperuricaemia/gout
- . cardiovascular disease
- . gall bladder disease
- . diseases of the large bowel
- . cancer
- . cirrhosis of the liver
- . alcoholism
- . discuss risk factors of these diseases in relation to possible causes
- . list where additional information/data gathering is necessary, define health/nutrition status in relation to these diseases.

Tuesday, 6 October 1981

A.M. - Continue group work

Tuesday, 6 October 1981

P.M. - Group Reports and Discussion

Wednesday, 7 October 1981

A.M.

- Group I - Describe present government policies and programs; including health services, nutrition education and food programs which relate to maternal and infant nutrition; infant feeding practices (hospital procedures) introduction of solid food and nutrition of pregnant and lactating mother.
- Group II - Describe present government policies, and programs which relate to present day dietary practices; traditional, urban; food programs; nutrition educations in schools or for professional.
- Group III - Describe present government policies on programs which relate to population; agriculture, fishing, food imports.
- Group IV - Describe present policies of health services which relate to chronic degenerative diseases; screening, treatment, prevention.

Wednesday, 7 October 1981

P.M. - Group Reports and Discussion

Thursday, 8 October 1981

A.M. - Each Group:

Discuss policies, programs and strategies needed to deal with present nutritional disorders; include:

- . nutrition education; schools; mass media
- . legislation; taxes; quotas
- . agriculture/fishing policies
- . manpower training needed
- . advisory services needed
- . restriction of advertising

P.M. - Group Reports and Discussion

- . at what administrative levels should responsibility for Nutrition Policies be made
- . what is lead agency responsible for Food & Nutrition Policy.

Friday, 9 October 1981

Make specific recommendations, policies, strategies, and priorities for the successful development and formulation of National Food and Nutrition Policies. Indicate which departments and/or agencies should be responsible for policies and strategies.

## SUMMARY OF DISCUSSIONS

1. Dr Maretski discussed some of the practical and political aspects of the development of nutrition policy and suggested that successful policies need to be built on a broad base of local community involvement and also need to be based on accurate data which can illustrate the benefits of such policies to the government, the private sector and to the public. Coordination between appropriate agencies must be sought at higher administrative levels: the legislature or the governor and that one agency will need to be selected as the lead agency designated to develop and implement specific policies. Nutrition policies are easy to write but difficult to implement.
2. Terry Coyne presented an overview of the changes in the Pacific in nutritional status from the traditional way of life to present day urban populations. While infant and child malnutrition probably did exist in the traditional way of life it appeared to be mild in most communities. Recent studies in towns and cities in the Pacific indicate an increase in the number of severely malnourished children and at younger ages. Bottle feeding and poor families without land who have recently moved to urban areas are major factors. Adult diseases such as diabetes, hypertension, gout and cardiovascular disease are on the increase in the Pacific, particularly in cities and towns. This increase is thought to be related to dietary changes such as increased calories and decreased physical activity, increased salt, decreased fibre and indirectly increased sugar.
3. Maternal and Child Health - Group I. Local statistics were reviewed and showed an increase in hospital admissions for infections from 1960 to 1980. The leading causes of hospital admissions in 1980 was "unspecified form of dysentery"; for 1979, out of 612 admissions for age groups 0-4 years, 30 were diagnosed as "malnourished". Group I conducted a survey of 53 prenatal mothers in the Truk prenatal clinic and the results revealed that the majority of mothers lived in the district centre on low incomes in large households and relied on imported foods. All of the mothers breast fed their babies up to one year but a large percentage were working mothers and bottle feeding was also common. The causes of malnutrition were considered to be large families, crowded unsanitary living conditions, low incomes and high food prices and a lack of nutrition education, particularly from health personnel.
4. Traditional Dietary Practices and present day programmes and policies were reviewed by Group II. Traditionally, the entire family was involved in getting food. Food was shared, usually the chief getting the best of a fish catch, then the men, then the women and children. Families shared food when a mother delivered a baby. Certain foods and herbs were encouraged for certain groups, for example breast feeding mothers were to eat lots of fish, meats and coconuts; children were not to eat fish heads, organ meats or odd shaped coconuts. Local medicines often were herbs and vegetables which supplied vitamins and minerals. Present policies of Truk, the FSM, and the U.S. Department of Agriculture are involved in planning to increase the production of local agriculture and fishing. USDA has reduced imported foods and FSM has passed two resolutions to "support the nutrition programme throughout the FSM".

5. Population and Food Supply - Agriculture and Fishing was discussed by Group III. Population increase and movement of families from outer islands into district centres was considered a major problem. District centre families did not have sufficient land to farm and local foods are extremely expensive due to high demand but low supply and transportation. Fishing cooperatives sell fish at low prices but supplies run out quickly. The Group interviewed the agriculture specialists and reported that their policy is to increase the supply of locally grown food through training of farmers in new skills and techniques and a greater variety of crops. New policies have also banned the use of dynamite for lagoon fishing. There was a need to have more information of the use of imported foods and taxes on imported foods.

6. Chronic Degenerative diseases were discussed by Group IV. The leading causes of death in TTPI from 1972-1978 were cancer and heart disease. Hypertension and stroke ranked 8th and diabetes 11th. Hypertension was known traditionally. "Monopuita" was the name for pressure in the head which occurred during middle age. Herbs, bleeding and massaging of the head were the usual treatments. The disorder was caused by over-exhaustion, increased blood volume or a magic spell. On some islands salt was used as a preservative for fish. The Hypertension Program in Truk has shown that the prevalence is highest among people who have recently moved to the district, who most often buy store food and who have the greatest "worry". Diabetes and cardiovascular disease were also considered to be major problems but the prevalence of these disorders was not known. Marshall Islands have a Diabetes Program. Factors which related to these disorders included hereditary, overweight, physical activity, diet, socio-economic problems.

TABLE V.4  
CAUSES OF DEATH  
TTPI, 1972-8

\* Listed in rank order according to 1978 statistics.

CAUSE	1978	1977	1976	1975	1974	1973	1972	TOTAL 1972-8	AVERAGE
Malignant Neoplasms (140-209)	49	48	37	42	55	52	48	331	47.3
Heart Diseases (390-398, 402, 410-429)	43	41	29	38	57	50	51	309	44.1
Diarrheal & Intestinal Dis. (004,006,008-009)	42	70	19	33	38	44	24	270	38.6
Influenza & Pneumonia (470-474, 480-486)	30	38	31	29	39	38	70	275	39.2
Bronchitis, Emphysema & Asthma (490-493)	24	26	29	32	13	23	25	172	24.6
Accidents, ALL (E800-E949)	18	30	36	18	39	50	22	213	30.4
Cerebrovascular Dis. (430-438)	16	10	21	20	31	24	22	144	20.6
Prematurity (777)	15	29	14	52	43	33	30	216	30.9
Nutritional Deficiency (260-269)	12	11	1	12	7	7	7	57	8.1
Meningitis (320)	9	7	9	3	13	9	6	56	8
Suicide (E950-E959)	8	16	10	19	15	9	14	91	13
Congenital Anomalies (740-759)	8	9	6	9	6	15	11	64	9.1
Cirrhosis of Liver (571)	8	8	6	4	14	11	8	59	8.4
Certain Causes of Mortality in Early Infancy (769,768,769-771,772,773,775,776,778)	6	18	4	8	17	23	17	93	13.3
Homicide (E960-E969)	5	6	UKN	UKN	6	5	5	27	3.9
Tuberculosis, ALL (010-012,013,019)	5	10	8	5	11	12	15	66	9.4
Diabetes Mellitus (250)	4	7	8	8	17	10	13	67	9.6
Nephritis & Nephrosis (580-583)	4	UKN	UKN	UKN	UKN	6	4	14	2.0
Maternal Diseases (630-639,640-645,650-678)	2	3	3	6	7	5	5	31	4.4
UNKNOWN & ILL DEFINED (780-796)	52	65	117	121	81	67	123	626	89.4

Source: Annual United Nations Reports on Health Service activities prepared by the TTPI Bureau of Health Services, Office of Medical Records. Reports are based on death certificates filed with the Headquarters Bureau of Health Services, Saipan. These figures do not reflect late reporting which may increase the number of deaths shown in other "official" publications.

Note: "UKN" means the number of deaths was zero or near to zero and was not tabulated in the United Nations Report as a leading cause of death.

TABLE V.5.  
CAUSES OF INFANT DEATHS (Under 1 Year of Age)  
TTPI, 1972-8

\* Listed in rank order according to 1978 statistics.

CAUSE	1978	1977	1976	1975	1974	1973	1972	Total 1972-8	AVERAGE
Diarrheal & Intest- inal Diseases (004,006,008,009)	17	23	12	21	15	19	11	118	16.9
Prematurity (777)	15	29	14	54	43	33	30	218	31.1
Influenza & Pneumonia (470-474, 480-486)	9	13	7	10	9	15	20	83	11.9
Certain Causes of Mortality of Early Infancy (760-768,769-771, 772,773-775,776,778)	6	18	4	10	17	23	17	95	13.6
Meningitis (320)	4	3	5	1	4	5	2	24	3.4
Nutritional Deficiencies (260-269)	2	3	-0-	2	-0-	2	3	12	1.7
Causes illdefined and unknown (780-796)	7	18	16	11	10	7	12	81	11.6
Total # of Infant Deaths, All Causes	71	126	71	120	101	115	104	708	101.1

Source: Death certificates registered with the TTPI Bureau of Health Services, Saipan.  
 As reported in the annual U.N. Health Reports. Excludes late reporting.

Numbers indicated below the cause-of-death refer to ICDA disease coding classifications.

### RECOMMENDATIONS

Having reviewed and discussed many of the health problems associated with nutrition in the various states, the workshop participants expressed concern about the high rates of infant and child morbidity and mortality particularly from diarrheal disease and the increasing rates of hypertension, stroke, diabetes, alcoholism and cancer. Of great concern was the potential for the diseases to become even more of a problem as a result of increased population, insufficient land, movement of outer island people to district centers, increased reliance on imported foods and the lack of reasonably priced locally grown traditional foods.

In concurrence and with and support of the Sixth State National Leadership Conference of the Federated States of Micronesia in September 1981 which endorsed that Nutrition Programs be established; and in support of the recommendation of the South Pacific Commission's Seminar of South Pacific Women held in Tahiti in July 1981 which "directed activities to improve women's health and nutrition in the region":

The workshop recommended that:

1. A system of Nutrition Policy Coordinating Councils be established in states and countries in Micronesia to recommend nutrition policy and integrate community nutrition programs. The Councils shall be made up of representatives from island groups, community organisations, public agencies and the private sector. Representatives of State Councils of FSM should meet annually to recommend National Food and Nutrition Policies.
2. Emphasis be given to the development of primary health care systems which integrate available community services and include nutrition as a major component.
3. The states of Truk, Kosrae and Ponape establish a Program for the Control and Prevention of Diarrhea among infants and young children. Other states (not represented) may also choose to establish programs.
4. Nutrition surveys and medical and social science research be undertaken in order to identify nutritional and dietary problems and develop culturally appropriate nutrition and health messages.
5. Dietary Guidelines and other nutrition education materials suitable for Micronesia be developed and widely disseminated and that nutrition education be provided with special emphasis for school children, parents, migrants to district centers, health personnel, cooks and others as appropriate.
6. Trained nutritionists be hired for each state and country in Micronesia and the school food service and nutrition staffs be expanded.

7. Priority be given to training in the area of nutrition; that available nutrition training facilities in the Pacific be investigated and information regarding such training programs be distributed throughout the states and countries.
8. Future workshops be held on this topic in the states and countries continue to discuss and follow on recommendations made at this meeting. Request SPC/UNDP to sponsor one follow up workshop in Micronesia in 1982.

Action Plans and further recommendations:

1. Nutrition Policy Coordinating Councils

- A letter from the workshop participants was sent to the Governor of the four States of FSM and the Presidents of the Marshall Islands and Belau requesting that Nutrition Policy Coordinating Councils be established in their state and/or country. (See sample letter attached).

- Meeting participants recommended individuals from each state/country to follow up on this recommendation and letters to the Governors and Presidents:

Truk State - Senior Director of Health Services  
 Ponape State - NET Coordinator, Ponape  
 Yap State - Coordinator, Aging Program  
 Kosrae State - Public Health Supervisor, Kosrae  
 Belau - NET Coordinator, Belau  
 Marshall Islands - NET Coordinator, Majuro  
 Fed. State of Micronesia - Director of Social Services

- Recommendations of the National Policy Coordinating Councils should be made available to the public in the local vernacular.

- A comprehensive guide to community services should also be made available in the local vernacular.

- Nutrition Policy Coordinating Councils would organise and coordinate community workshops and discussions on this topic.

2. Primary Health Care

- Establish village and community level programs to provide screening treatment and prevention of such nutrition related disorders as diabetes mellitus, hypertension, alcoholism and diarrhea.

- Develop positive preventive programs rather than problem-solving only programs.

- Include nutrition as part of primary health care and totally integrate community services.

### 3. Diarrhea Control and Prevention Programs

- The Program should be coordinated through the Director of Health Services and involve the Departments of Public Works, Education, the Legislature and the Governor's Office. The program should include mass community education, improvement in environmental conditions; particularly safe water supplies; training in diarrhea preventive and treatment for health professionals and paraprofessionals and standardisation of treatment and procedures for diarrhea. The FSM Department of Health Services should assist in coordination and approach WHO or similar organisations for technical assistance and consultant services.

Meeting Participants responsible for follow up:

FSM - Deputy Director, Division of Health Services, Ponape  
 Truk State - Family Planning Coordinator  
                     Public Health Field Nurse Supervisor  
 Kosrae - Maternal and Child Health Coordinator  
 Ponape - NET Coordinator.

### 4. Research

- Conduct nutrition surveys in communities with emphasis on village and district centre differences, food habits of school children, prices and availability of imported and locally produced foods.
- Conduct research into nutritionally related disorders such as diabetes, hypertension and alcoholism and their causes; dietary intake, obesity, physical activity, historical or social factors; particularly in relation to changes from a traditional way of life to a western life-style.
- Undertake social science research necessary to develop a transitional approach to both nutrition education and health care which carefully integrates traditional and western approaches into culturally meaningful messages.

Persons responsible for follow up:

Consultants from University of Hawaii and the South Pacific Commission will write letters to potential research organisations to initiate dialogue with FSM. The Deputy Director of the Division of Health Services will coordinate follow up of organisations interested in research projects.

### 5. Nutrition Education

- Nutrition Policy Coordinating Councils develop dietary guidelines for each state/country.

- Nutrition education be provided for:

food service staff of schools, hospitals and institutions, program staff with nutrition component, nurses through Continue Education for Nurses Program, outer island families who have recently moved to district centers.

- Nutrition education be incorporated into the curriculum for elementary and high school students.
- Nutrition education materials be developed for high school students; investigating various techniques such as used by Commercial advertising.
- New nutrition education materials and nutrition publications be distributed to agencies involved in areas of nutrition.

6. & 7. - As in Recommendations.

8. Follow up Workshops

- Additional workshops on this topic are needed in the states and countries. The workshops should be of two weeks duration, include practical field trips and demonstrations and provide participants with information related to the topic well in advance of the workshop.
- Participants of the workshops should include (perhaps different workshops for each group and then a combined workshop representing various groups):
  - . legislators and village and island chiefs or leaders
  - . health personnel
  - . businessmen, agriculture and fisheries departments
  - . consumers
  - . teachers
- Financial assistance from outside Micronesia to be sought.
- Nutrition Policy Coordinating Councils to organise and coordinate future workshops.
- Both male and female consultants be invited to workshops as nutrition is sometimes viewed as a female profession.

9. Family Planning Programs be expanded and include education in high schools with encouragement of later age of marriage and smaller family size.
10. Policies be established to encourage the increased production of local foods to be more widely available in district centers at prices competitive with imported foods.
11. Policies be established to control high food prices.
12. Communication systems in Micronesia be improved.

TRUST TERRITORY OF THE PACIFIC ISLANDS  
Office of the Governor  
State of Truk  
Truk, Eastern Caroline Islands - 96942

CABLE ADDRESS  
GOV TRUK

October 9, 1981

The Honorable Erhart Aten  
Governor  
State of Truk  
Eastern Caroline Islands  
96942

Dear Mr. Aten:

During the first week of October 1981, representatives of the governments of Truk, Kosrae, Ponape, Yap, Palau the Marshall Islands and the national government of the Federated States of Micronesia (F.S.M.) attended a workshop in Truk sponsored jointly by the United Nations Development Program, the South Pacific Commission and the FSM to consider the effects of urbanization and western diet on the health and nutritional status of the people of Micronesia.

During this workshop we were made aware of a resolution (6-4) adopted by the Sixth State and National Leadership Conference of the Federated States of Micronesia which was held in Kosrae in August 1981. This resolution urged "that recognition and support be given to the Nutrition Program throughout the Federated States of Micronesia".

Believing firmly in the intent of this resolution and urging that increased attention be paid to nutrition by all governments, the following recommendation was made and unanimously adopted by the members of the Truk workshop whose names appear at the end of this document.

WE RECOMMEND THE ESTABLISHMENT OF A SYSTEM OF STATE AND NATIONAL NUTRITION POLICY COORDINATING COUNCILS IN MICRONESIA. EACH COUNCIL WOULD BE MADE UP OF REPRESENTATIVES OF ISLAND GROUPS, COMMUNITY ORGANIZATIONS, PUBLIC AGENCIES AND THE PRIVATE SECTOR. THESE COUNCILS SHOULD MEET REGULARLY TO RECOMMEND COMMUNITY, NUTRITION PLICIES AND TO INTEGRATE PROGRAMS. EACH COUNCIL SHOULD PREPARE AN ANNUAL REPORT FOR SUBMISSION TO THE OFFICE OF THE GOVERNOR OR PRESIDENT AND TO THE STATE OR NATIONAL LEGISLATURE.

IT IS FURTHER RECOMMENDED THAT EACH  
NUTRITION POLICY COORDINATING COUNCIL  
SEND A REPRESENTATIVE TO AN ANNUAL  
NUTRITION POLICY CONFERENCE TO DISCUSS  
NUTRITION POLICY DEVELOPMENT IN THE  
SEVERAL STATES AND NATIONS OF MICRONESIA.

To implement this recommendation the delegates to this workshop seek the support of your office in the establishment and maintenance of a Nutrition Policy Coordinating Council for Truk. We would like to request that you contact all groups in Truk who you feel should be involved in the development and implementation of nutrition policy and seek nominees from these groups who would then be appointed by your office to serve on a Nutrition Policy Coordinating Council.

We would like to suggest that such agencies as Planning, Agriculture Health, Education, Resources and Development, and Public Information be represented on the Council as well as community groups and the private Sector.

We further request that your office, take responsibility for convening the Council within 120 days after receipt of this letter.

We are certain that you will agree with us that the timely development of appropriate nutrition policy is crucial to economic and cultural development in the Pacific and we thank you for taking appropriate action on this recommendation.

Respectfully submitted,


Chairman of Workshop:

  
Daro Malon, Truk

Chairman, Workshop Committees:


  
Kieko Sigrah, Kosrae


  
Dr. Kioesi Aniel, FSM

  
Nick Andon, FSM

  
Mrs. Caroline Nowell, Truk

Workshop Consultants:

  
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## Workshop Members:

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2. Stephen Lino, Truk
3. Teresy Phillip, Truk
4. Juliate Albao, Kosrae
5. Eino Emwalu, Truk
6. Abram Rold, Truk
7. Samie Esikol, Truk
8. Alohka Talley, Kosrae
9. Taisen Aake, Truk
10. Carmen Alik, Majuro
11. Sichko Sainash, Truk
12. Stem Salle, Truk
13. Maleta Phillip, Truk
14. Robertta Rengulbai, Palau
15. Conception Ruben, Truk
16. Rosario (Sally) Aisek, Truk
17. Noriko Shoniber, Ponape
18. Manuel Umwech, Truk
19. Gina Always, Truk
20. Kippie Lippwe, Truk
21. Kusto Edmond, Truk
22. Alfanzo Salomon, Ponape
23. Syperan Mugumbey, Yap
24. Madilta, Bualuay
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