

PLANS FOR THE FUTURE

- I. COMMUNICATIONS - A position paper will be developed to define:
- A. What we are currently doing
  - B. What we have found
  - C. What changes we can foresee in the program
  - D. What is our implied and specific relationship and agreements in writing with T.T., DOE, DOI, DOD (Tripler, etc.)
  - E. Who is involved
    1. study group
    2. other Marshallese
    3. Marshallese politicians and hereditary leaders
    4. DOE - D.C., Nevada, PASO
    5. DOI - DC, T.T.
    6. DOD - Tripler Army Hospital, Huntsville
    7. study consultants
- II. PUBLIC RELATIONS
- A. Who can we count on for support and understanding of the goals of the BNL medical survey
  - B. Who can we anticipate will be a detractor; how can we anticipate and/or use their efforts in a positive manner
- III. EDUCATION
- A. Who needs education about the medical program
  - B. Once the group to be educated are identified, we must select the most appropriate educator and design a program suited to their specific needs. These needs will vary widely.
- IV. RESEARCH PROTOCOL
- A. An integrated research protocol should be developed and distributed to all interested research collaborators
- V. DATA COLLECTION
- A. Are the present forms best suited to retrieve the data specified in the protocol and to provide the data to those persons who need to use them for: clinical care, research and public relations

- B. Once collected is the data quickly and legibly available for the entire team; field representatives, BNL and consultants.

VI. LOGISTICS (Materials)

- A. We need a basic check-list of supplies and consumables for each survey to cover (data base and sick call) for "X" number of people. The sample number will be determined by a review of the prior survey and any additional input from the field, plus:
  - 1. special equipment and consumables required for special studies requested by consultants or collaborators
  - 2. for new tests either added to the data base or demanded by new circumstances
- B. To insure continuity in pre-planning the following will be required:
  - 1. a six (6) months pre-deployment check list (see enc. 1)
  - 2. a follow-up check list at four (4), two (2), one (1) month and two (2) weeks, to insure material readiness

VII. LOGISTICS (Personnel)

- A. The examination schedule for the next fiscal year should be specified as soon as possible and all interested parties notified, including DOE (DC, Nevada, PASO), DOI, TT (Health services), DISTAD Marshalls, BNL field representatives, island magistrates and representatives of each island to be visited
- B. The make-up of each field survey team will be conditional upon the goals for each specific survey

FIELD SURVEY - FY 1979

DATES and DURATION	Area of Concentration	Staff
FIRST January 15 thru February 22	5 Weeks	
	1. Thyroid	1. Thyroidologist
	2. OB-Gyn	2. (3) Internists
	3. Hematology	3. OB-gyn Spec.
	4. Sick call	4. Nurse Prac.
	5. Hx & PE	5. Tech. staff

FIELD SURVEY - FY 1979 CONTINUED

DATES and DURATION	Area of Concentration	Staff
No field work	2½ Months	
SECOND		
May 15 thru	1. Pediatrics	1. Pediatrician
June 22	2. X-ray	2. Internist
	3. ECG	3. Nurse Prac.
	4. Sick call	4. Tech. staff
	5 Weeks	
No field work	2½ Months	
THIRD		
September 15 thru	1. Dental	1. (2) Dentists
October 22	2. Vision	2. Ophthalmologist or Optometrist
	3. Special Studies	3. Nurse Prac.
	4. Sick call	4. Tech. staff
	5 Weeks	

NOTE: It is important to begin the first survey in January because:

- A. Early in dry season - this will obviate the need to give ship's water to the islands
- B. Both people and officials object to survey during March and April during their busiest time of the year; eg., all of their legislative bodies are in session in Majuro during March and early April. The people and leaders have insisted that the leaders be on their home islands during the survey. I feel it is very important to comply with this demand to prevent the impression that we are trying to hide something from the people or their leaders...or to divide the leadership
- C. Majuro is very overcrowded during March and April with lack of housing, transportation and frequently, water hours, to complicate the survey
- D. Many of the participants in the survey would prefer to go in January

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VIII. LOGISTICS (Transportation)

- A. Transportation along with communications are the two most important problems faced by the BNL Medical Program. The past history of the failure of the TT to provide even adequate transportation is well known and well documented (see Enc. 2-3). During the period when the program had the LCU, the transportation was adequate. In the future, more suitable transportation will be needed if we are to maintain the quality of the program.
- B. The medical program is unique in that we ask nationally and/or internationally known medical experts to participate in the survey (many without pay). They must leave busy programs of their own or teaching responsibilities so that it is incumbent on the director of the medical program to provide them with solid dates, well in advance, for their planning purposes. These constraints do not apply, in the same degree, to other DOE supported survey groups.
- C. Therefore, the medical survey should be provided with adequate transportation and with whatever back-up provisions are necessary to insure that a suitable ship is ready on the scheduled dates.
- D. The principal investigator of the BNL medical survey has had extensive experience in designing and running high volume screening programs. The architectural and flow characteristics of the examining area can well mean the difference between success and failure of a survey. Our present facilities and flow characteristics are marginal, and might, on occasion, compromise data. A redesign of the facilities and flow should bear a high priority for the future; especially if the volume of the study is to be expanded by the addition of the peoples of Bikini and Eniwetok.

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