

Notes on ERDA Meeting to Discuss Problems Concerning
the Medical Examinations of Marshallese People:-

(Germantown, Maryland, May 16th, 1977)

Those present at the meeting included: from BNL, Drs. Bond, Cronkite, Cohn, and Conard; from DOI, Janice Johnson; from ERDA, Drs. Burr (who chaired the meeting), Weyzen, Forster, and Messrs. Ray, McCraw, and others.

Conard gave a handout of suggested topics for discussion along with copies of some pertinent material and then presented a review of the events occurring in the recent medical survey in the Marshall Islands in March-April, as background for topics to be discussed. A brief summary of discussion of major topics follows.

Future of BNL Medical Program in the Marshall Islands

With Dr. Knudsen, the resident physician in the Marshall Islands, leaving the program at the end of the year, and retirement of Dr. Conard scheduled for January 1979, recruitment of one or more physicians for the program will be necessary. Should the position of resident physician be continued? Is it necessary to continue four yearly visits to Rongelap and Utirik? The following alternatives were discussed:

1. Recruit two physicians to relieve Conard and Knudsen and continue the program as before. The resident physician might be acquired on a year-to-year basis with the help of some group, such as the University of Hawaii or the Public Health Service.

2. Have only one physician in the program who, in addition to administering the program from BNL, would visit the islands biannually for a

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September checkup on the people and organize and carry out the annual medical survey in March-April. The Trust Territory would, hopefully, fill in for the other quarterly visits to the outer islands.

3. As in 1, except recruit a paramedic instead of a physician to be in the islands, and make the quarterly visits including assistance to the physician on the September trip and the annual survey. Alternative 3 seemed to be favored. The concensus was that quarterly trips should be continued if possible. BNL would explore further these possibilities. It was pointed out that if the quarterly trips were abandoned an explanation to the people would be necessary. In any event, a letter to Oscar deBrum concerning the future status of the medical program would be desirable.

The question was raised as to whether, from the research point of view, ERDA might have gotten "nearly all the mileage" out of the program and another organization might take over. It was pointed out that with the increasing development of hypothyroidism in many exposed people and the continued development of thyroid nodules there was, if anything, an increase in research interest in the program.

It was agreed that ERDA should support further training of one or more Marshallese personnel, perhaps at the University of Hawaii, to participate in the medical program in the islands. Such training would be primarily for general health care, but also include some aspects of radiation and its effects. Further exploration of this program should be pursued with the Trust Territory.

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Letter to the Magistrate of Utirik

At the time of the March survey, the Utirik Council requested a letter as soon as possible as to whether ERDA would obtain a relief physician for Dr. Knudsen in order for continuation of the quarterly visits to their island. If no replacement was intended, they stated they would attempt to locate a doctor of their own for this purpose. A draft of a a letter to the Magistrate of Utirik was presented and since there was some objection to the wording of the letter, it was to be revised by ERDA.

The ERDA answers to the letters from the people of Rongelap and Utirik

It was agreed that ERDA needed to revise the present drafts of the answering letters in the light of the results of this meeting and recent events.

Response to Bakal and Bakal (law firm) letter regarding pending suit by the Utirik people against ERDA

An answer prepared by ERDA lawyers at Las Vegas was read. The letter outlined the concern and support (medical, etc.) of the Utirik people by ERDA (AEC) over the years.

Thyroid Control Study

It was pointed out that more information was badly needed on the general incidence of thyroid abnormalities in the unexposed Marshallese people in order that findings, particularly in the Utirik population, could better be evaluated with regard to radiation exposure. During the

past survey, some 300 unexposed people of Utirik and Rongelap were included in a thyroid survey. It was pointed out that there might be perhaps a dozen people in the next two years in this group on whom thyroid surgery would be indicated. It would be desirable to have these patients taken perhaps to Tripler Army Hospital in Honolulu, using the same surgeon and pathologist who have been involved in the program. DBER agreed to give this program further serious consideration.

Briefing at DOI

The DOI representative suggested that a briefing of Mr. A. Winkel (new High Commissioner of the Trust Territory) and Mrs. Ruth Van Cleve (new Director of Office of Territories at DOI) by some ERDA representatives would be helpful, particularly prior to the UN meetings in New York. One of the topics to be discussed would be the problems associated with the Congress of Micronesias PL-5-52 (concerning certain hospital benefits to Rongelap and Utirik people). There is a disparity between the Congress bill and the ERDA-TT agreement which would seem to indicate a possible revision of the bill. Congressman Balos has indicated that he felt that such a revision would be required.

Ex gratia compensation bill for Rongelap and Utirik people

At the request of DOI, an updated summary of medical findings was prepared. It was pointed out that the lists of people with findings were continuously being added to. Only 23 of 65 exposed Rongelap people now living are not listed as having thyroid abnormalities. The DOI representative remarked that the so-called Burton bill was an omnibus bill.

covering several different Marshall Island compensatory topics, including the ex gratia compensation of the Rongelap and Utirik people for radiation injuries. The bill had already been approved by the House of Representatives. Unfortunately, the changes in wording suggested by ERDA had not been included in the version passed. It is understood that some changes may still be suggested before the Senate consideration of the bill.

Annual medical checkups on Bikini and Eniwetak people

Since the Bikini and Eniwetak people were not exposed to radiation at the time of the accident, as is true of the Rongelap and Utirik people, medical examinations would not be justified on the basis of possible radiation effects. However, the view has been expressed that these displaced people should be considered as a special group of Marshallese, and the fact that they will be living on islands that have been contaminated would warrant annual medical checkups for psychological reasons (reassurance) if for nothing more. It was noted that the Bikini people have requested by letter that the BNL medical group visit them; also that Congressman Balos has publicly expressed disappointment that the Eniwetak program does not include medical examinations of the returning people. The Chairman said that DBER would give this subject further consideration and report on their conclusions later.

Bioassay program - Bikini and Eniwetak

Bikini - A letter to Dr. Liverman was presented with tables of ¹³⁷Cs and Pu findings. The increase in ¹³⁷Cs body burdens of the Bikini people

(10-12 times the 1974 levels with some people near the MPC) was considered a serious finding. The people admitted that they had been eating the forbidden pandanus and breadfruit which could account for the increased body burdens. With regard to Pu, the problems associated with getting sufficient urine samples for analysis by "clean" technique, as recommended by TTG group, was mentioned and further consideration must be given to acquiring adequate samples. The Bikini situation would need careful consideration by the new standing committee to be formed as described below.

Eniwetak - DOES thinks it urgent to have whole body counting done on the returning Eniwetak people within several months. It was agreed that BNL should arrange to have this done, using the existing whole-body counter trailer which would be set up at Eniwetak. Cost for new electronic equipment would be provided by ERDA. The present bioassay program (including sick call by physicians) would continue at Bikini for the present, but the Eniwetak bioassay program would not be connected with physicians.

The subject of bringing some Bikini people to New York for in vivo Am counting at NYU was discussed and the opinion was expressed that this might cause undue concern on the part of the Bikinians. The possibility of bringing non-Bikini people back for counting was suggested.

Decision-making responsibilities

Responsibilities for radiation assessment in the Marshall Islands in ERDA has been divided between DOES and DBER. DOES gathers radiological data from different laboratories (BNL - Terrestrial, University of

Washington - Marine Sampling, and Lawrence Livermore Laboratory - Dose Assessment) and DBER data of scientific interest from the research point of view.

The need for a standing committee for overall evaluation of the environmental and personnel radiological monitoring data was agreed to be urgent. Perhaps both intra-agency, as well as inter-agency, committees with decision-making powers would be necessary. The ERDA committee would carry out at least annual reviews of radiological data and the Chairman advise on recommendations and necessary action.

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