

ERDA - DOI 16 May 1977

Future of BNL Medical Program in the Marshalls

Under the present circumstances with Dr. Knudsen retiring from the program at the end of this year, there are two apparent alternatives:

1) The program can probably be satisfactorily administered by one physician stationed at BNL, eliminating the position of Resident Physician. Immediate replacement for Conard (who retires in 1½ years, January 1979) should be sought. Program leader, in addition to Administrative responsibilities, would probably be able to make two trips a year to the Marshall Islands - one in September and organize and carry out the annual medical examinations in March. This would eliminate two quarterly visits and the vacuum would hopefully be filled by T.T.

2) The second recourse is to continue the position of Resident Physician and thus continue the quarterly trips to the Outer Islands. This would require recruiting a second physician.

In favor of the first alternative is the fact that the position of Resident Physician has in many ways been unsatisfactory. The physician spends most of his time at Kwajalein and apart from his responsibilities to the exposed Rongelap and Utirik people at Ebeye, he has considerable time on his hands to help out in the hospital there. Both Knudsen and Kotrady have complained that their position with regard to practice at Ebeye and Majuro is without official status with no definite position in the existing hospital programs. Now that the status of the Ebeye Hospital is being upgraded and to be administered by Kwajalein, the situation may be even more complex. In view of the recent difficulties that have developed it may not be so easy to sell a position on the job in the Islands. On the other hand, if the quarterly medical service, instituted by ERDA, is reduced, will there be resentment by the people? Will they interpret this as a sort of retaliation? One might not feel as bad about this change as far as the Utirik population is concerned since they helped bring about the present situation, but should the Rongelap people suffer because of this?

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Letter to Utirik Magistrate

At a meeting with the Utirik council in March it was requested that we inform them as soon as possible as to whether or not a substitute physician for Dr. Knudsen would be made available for the quarterly trips. The council indicated that they would try to find a physician themselves if our answer was negative. They were, however, anxious that we continue the annual medical surveys. Attached is a possible answer to their request. The results of deliberations on the future program may affect the letter.

The ERDA Letters to the People of Rongelap and Utirik

Earlier drafts of letters may have to be altered in view of recent events and visits to the Islands, and future program changes. Consider also the Heine objections to the draft of the Utirik letter, the Utirik suit and Bakal and Bakal letter.

Response to the Bakal and Bakal Letter?

Annual Medical Checkup on Bikini and Eniwetok People

At the ERDA - DOI meeting last year, the view was expressed that the people moving back to these atolls would have to be treated as a special group of Marshallese and that an annual medical check, for psychological reasons (reassurance) if for nothing more, was desirable. Note that the Bikini people have requested by letter that the BNL medical group visit them; also that Congressman Balos has publically expressed disappointment that the Eniwetok program does not include medical examinations for the returning people.

Thyroid Control Study

In order that the thyroid findings in the exposed Marshallese (subject to litigation and compensation) be placed on firmer ground, more information on the general incidence of thyroid abnormalities in unexposed Marshallese populations is necessary. A thyroid survey of unexposed people of Utirik, Rongelap and Wotje atolls has been started, but approval by ERDA is desired so that thyroid surgery, along with pathologic diagnoses, can be achieved on individuals on whom thyroid tumors require surgery.

Compensation Bill for Rongelap and Utirik People

At the request of DOI, an updated summary of medical findings has been prepared. The extensiveness of the findings, along with the probability of further findings, perhaps should be briefly discussed. Only 23 of 65 exposed Rongelap now living are not listed as having thyroid abnormalities.

Bioassay Program

137 1) Bikini. Letter to Liverman with recent results. Markedly increased ¹³⁷Cs body burdens of Bikinians would seem to indicate action. TTG group report. Pu measurements. Proposed whole body Am(Pu) counts on Bikini people at NYU.

2) Responsibility clarification for bioassay program at Rongelap-Utirik and Bikini-Eniwetok. Roles of BNL medical group and health physics group, other laboratories. Whole body counts at Eniwetok and equipment requirements. Who will be responsible for collating and evaluating personnel and environmental data and for advising and taking action when necessary?

PL 5-52. (Fallout Survivors Benefit Bill).

Continued cause of problems regarding medical surveys. Demands by Utirik unexposed to be included and children of exposed. Discrepancy between ERDA-TT agreement and the Congress of Micronesia bill. Meeting with Balos.