COLLECTION DOE/NV

BROOKHAVEN NATIONAL LABORATORY

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1 December 1978

Mr. W. J. Stanley Director, Pacific Area Support Office Department of Energy P.O.B. 29929 Honolulu, Hawaii 96820

Dear Bill,

(516) 345-PASO ROUTING SLIP DEC 7 1978 INIT DIRECTOR Admin. Assistant PROJECT ENGINEER ADMINISTRATIVE OFF. PROGRAM LIAISON OFF. SEND COPY TO: H&N 04 N. Mund JA/SITE MGT. REP. EA/SITE MGT. REP. OTHERY Poger Ray

This letter is in response to a telephone request I received from Harry Brown late yesterday afternoon regarding my opinions as to the feasibility of small helicoptor support for the Medical Survey of the Marshall Islands.

As background for the following discussions, I'd like to restate an opinion which I think we have discussed previously in your office, pertaining to the long-range logistic plans for the BNL medical survey. First, it would appear that sometime in the near future that the geographic area assigned to BNL might expand appreciably, i.e., to include the people of Bikini and Eniwetok. This decision is pending at DOE/DOI. This, of course, would tremendously enlarge the geographic area to be covered by the medical survey teams and would present severe logistic problems for slow shipboard support. As we have discussed in the past, the possibility of establishing small independent examining facilities on each of the islands and supporting these installations by aircraft certainly should be considered carefully. The type of aircraft to be used again presents a variety of options. I understand that a PBY 5A will be available from the University of Hawaii. I have no further information as to the dates of availability or priority for its utilization by this program.

Another option which I have been considering is the ultimate use of a heavy helicoptor of the SH-3 type that would have both the range and operating characteristics necessary for outer island support. Both of these options would greatly increase the facility with which we could evacuate patients from the islands in the event of medical emergencies.

Of course, all of this is conjecture at this point until some final decision is made as to the Bikini and Eniwetok populations. Once that decision has been made and we have some idea of our future patient loading, I think we ought to have a logistic meetings to develop some short— and long-term plans concerning these options.

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To speak more directly to the question that Harry Brown presented yesterday, I am very much opposed to basing a light helicoptor aboard our chartered vessel for the January-February medical survey. I have a number of reasons for taking this position, but first I think it would be wise for me to outline my qualifications for making these observations and recommendations.

For 30 years I was a Naval aviator as well as a Naval physician and flight surgeon. For the first 11 years of that period I was solely a Naval aviator and had rather extensive experience with helicoptors. During my period of shipboard duty aboard several Forrestal-class carriers, first as a Junior Medical Officer and then as a Senior Medical Officer, it was my responsibility to assure safety of flight, particularly in helicoptor areas, both landing on the flight deck of large carriers and in support of surface ships of the size of destroyers. I am thoroughly familiar with the problems associated with light helicoptor support of small ships. I have a long list of references of accident reports involving attempts to support light helicoptors on small vessels. This is an extremely hazardous operation even under ideal conditions.

The period of the medical survey includes the roughest weather of the year and we can almost guarantee 30-knot winds and rough seas throughout the entire survey. As the survey leader and medical officer in charge of this survey, I will not accept the responsibility for the hazards presented by a helicoptor operating off the ship.

A compounding problem which I suggested to Harry and which apparently has not been considered in the past, is the fact that Kwajalein, as a highly restricted military area, has some very stringent rules concerning overflights by private aircraft. There would have to be some very significant modifications of their present security measures to allow any private overflights. Again, I have no advance warning as to when there might be incoming missiles into the Kwajalein test range, and there would have to be constant communication between the ship at sea and the Kwajalein operations center so that a private helicoptor didn't stray into an area of incoming missiles.

All of these problems I'm afraid would interfere with the basic mission of this ship which is the support of the DOE Medical Program during this time frame. I would suggest that if Mr. Otterman has potentially pressing business obligations in some other area that he has two options: (1) he can appoint a suitable surrogate to solve those problems for him while he is aboard the ship; or (2) he can make arrangements for a private charter, fixed wing aircraft to pick him up landing in the lagoon of either Utirik or Kwajalein.

"As each day unfolds and we come face to face with new and more unusual requests (demands) from Mr. Otterman regarding the details of this charter arrangement, I find myself more and more skeptical about the future renewal of this contract. I assume that the previous administrative arrangements concerning the control of the vessel, schedule, and the disposition of the vessel in port will be as it has been in the past with our previous vessel

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and that the survey leader will have administrative control over those things that do not involve the safety of the ship. I have the impression that Mr. Otterman considers the American Survey to Utirik and Rongelap some sort of a romantic, South Pacific interlude, and my past experience has shown me that he can be quite demanding and unreasonable at times. I would therefore hope that the exact details of the authority and responsibilites for the operations of the Medical Program and the ship be clearly spelled out for Mr. Otterman prior to the time the ship sails for Kwajalein.

I don't want to be hardnosed about this but I think in this case that in dealing with Mr. Otterman it's imperative that we lay allour cards on the table so everybody understands exactly where our mutual responsibilites and authorities are. If I can be of any further assistance in this matter, please don't hesitate to call or write.

Please give my best to Harry and Wayne. I think they have done a superb job. Each of them is now eligible for the Purple Heart.

Warm regards,

Hugh Pratt, M.D.

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