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BROOKHAVEN NATIONAL LABORATORY

401004

MEMORANDUM

DATE: 2/11/80

TO: Dr. V. Bond M.D. Ph.D.

FROM: H. Pratt M.D.

SUBJECT: Liaison between Brookhaven National
Laboratory/ Marshall Island Study and
Los Angeles area universities.

Don Paglia and I have had a chance to discuss, at some length, the spectrum of options open to us for such an affiliation (please see enclosures for background)

We both feel, since there has been such a hiatus in the discussions, that we are starting almost from ground zero. Last fall Dr. Henderson called me twice to ask how things were coming. Unfortunately, I was unable to give him any solid information, and he indicated we should resume contact when we had some more definite information.

Don and I agree that as far as U.S.C. goes, we should start back through John Nicoloff, a senior consultant to the program. John set up and was present at all the initial U.S.C. meetings. I will attempt to reach him by phone today to introduce Don and will follow up with a letter with copies of the attached 1979 letters.

In addition I will call Dr. Gordon Hadley to lay the ground-work at Loma Linda. I am afraid that the potential linking of our current efforts and the Burton Bill health care mandates, will confound the preliminary BNL/university negotiations. The Burton Bill is so all-inclusive that I am sure no single university or even a consortium could (or would want to) attempt to assume the full responsibility. I can see how the BNL/L.A. area universities affiliation could interact with the final implementation of the Bill. The key to that interface will be the expertise and magnitude of support to be provided by the Marshalllese new health-care system, those elements are totally unknown at the present time, and in the foreseeable future.

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Don and I both perceive the spectrum ranging from a university-supported, intermittent field team, utilizing house staff and attendings to perform periodic support of the Marshallese in the area of general medical care without secondary or tertiary commitments. The other end of the spectrum would include a series of permanent on-site medical facilities delivering primary, secondary and remote tertiary care. A single hospital ship, like a small version on project H.O.P.E., is an alternative.

The key to success of the program, of course, is to make the universities an offer they just can't turn down. I discussed some of the benefits accruing to the universities in my letter to Dr. Henderson dated August 16, 1979. The kicker, of course, would be the overhead on the millions that would be required to operate such a program.

I am sure that unless we can provide some solid proof of continued support (funding-and-philosophy) from our current funding base that the universities would be very reluctant to gamble on BNL's good intentions.

Both Don and I agree that it will take at least 24 months to establish a functional unit in the field. I think, in addition, that it will take equally as long to develop and implement the Burton Bill. At some point (? 18 months into development) the interfaces between:

1. Brookhaven National Laboratory
2. the Los Angeles area universities
3. the groups implementing the Burton Bill (? Public Health Service)
4. The Marshallese health-care system administrators

should be clarified in a series of co-ordinating meetings. At this point the responsibilities and allocation of funds could be clarified. Prior to that time the funding for the BNL/university program will need to come from some other source. I doubt if we will have any solid information or commitment of the amount the Yates committee will consider adequate for the details of the implementation of the Bill due in DOI in Jan '81.

In summary, the BNL/university affiliations will need to proceed parallel and concurrently with the development of the Burton Bill with independent funding. At some point in the future a sharing of funding should be anticipated.