

BROOKHAVEN NATIONAL LABORATORY

MEMORANDUM

DATE: September 22, 1971

TO: E. P. Cronkite, M. D.

FROM: R. A. Conard, M. D. *RAC*SUBJECT: Physician Assistance in
Marshallese Program

I would like to outline my ideas concerning the need for a physician to be stationed in the Marshall Islands in association with our program, his responsibilities, and the possible logistics of the program.

Responsibilities: The major responsibilities of the physician would relate to several problems. The most serious problem concerns implementation of our thyroid treatment program among the exposed Rongelap people. The Trust Territory medical personnel have not had the time to give this program the attention necessary to enforce the treatment regimen. As a consequence, there have been many Rongelap people on treatment who have not been regularly taking their weekly dose of thyroxin. This is borne out by the finding of T-4 serum levels below normal in several people. This is of serious import since some hypothyroid children and some cases with thyroidectomies had low values. The next most pressing problem concerns medical care and documentation of the Rongelap and Utirik people under study during the interim between surveys. The lack of or improper diagnosis and correct treatment in people who become ill results not only in loss of valuable medical information but deprives those with illness of good medical care. The lack of autopsy data in case of death has been a serious omission. A physician representing our interest in the islands could help correct these shortcomings. In addition, such a physician could also assist in carrying out our responsibilities concerning monitoring of the Bikini people on their return for possible body burdens of radioisotopes which they might absorb from the Bikini environment.

Difficulties: There are several difficulties that we must face at the start. The wide separation of the people under study (at Bikini, Rongelap, Utirik, Ebeye, Majuro), the relative isolation of Bikini, Rongelap and Utirik Atolls and transportation difficulties.

Base of Operations: It is recommended that the physician be based at Kwajalein where comfortable quarters and good schooling are available.

REPOSITORY

BNL (Brookhaven Nat. Lab)

COLLECTION

Dept Records

BOX No.

Unknown

FOLDER

Dr. Bond / 1972 -

5052253

He would probably spend the greater part of his time at nearby Ebeye where a large number of Rongelap and Utirik people reside.

Visits to Other Islands: He would make periodic visits to other islands taking advantage of the routine Trust Territory field trips to Bikini, Rongelap and Utirik. He would ordinarily spend about two days at each island (the usual time that the field trip ship is at that island), but every few months perhaps by arrangement with the Trust Territory, he could be left at Rongelap or Utirik for several additional days to be picked up by the ship on its return. Travel to and from Majuro will be less difficult since in addition to ships there are two planes a week. Thus staying at Majuro for three to four days every two to three months would be easy to arrange.

Liaison with Trust Territory Medical Personnel: He should keep in close touch by radio with Rongelap and Utirik with frequent talks with the health aides located there and at Majuro with the medical personnel there. He would work closely with the practitioner at Ebeye. He would keep tabs on the Rongelap exposed people residing at Hawaii. He should consult with physicians at Kwajalein, Majuro and in other parts of the Trust Territory and, if necessary, at Hawaii concerning any serious cases and maintain liaison with the Trust Territory officials at Majuro, Kwajalein and Ebeye. Also at Kwajalein he will maintain liaison with the commanding officer and Global Associate officials.

Emergency Trips: If a medical emergency occurs on an outer island among the people under study, he should keep in close touch with the Trust Territory about evacuation and see the patient at the site of arrival. It may be necessary that he visit the island to see the patient. If a death occurs, he should attempt to get to the island to determine the cause of death before burial and, if possible, carry out an autopsy. Use of one of the amphibious planes based at Majuro may be necessary.

Approval by Government Agencies: Approval of these plans by the AEC in Washington and the Trust Territory officials at Saipan and Majuro will, of course, be necessary. In addition, the AEC would have to negotiate with the Army for housing and residence of the physician at Kwajalein.

Affiliation with BNL: The most desirable arrangement would be for the physician to be a member of our Medical Department on leave of absence but maintaining close liaison with us here with regard to the Marshallese program. It would be desirable that he be favorably disposed to long-range affiliation with the project after his return to BNL.

Fiscal Arrangements: As a member of the Medical Department, I would expect BNL would handle salary and movement of his family to Kwajalein. Travel expenses in the islands could probably best be handled by AEC Las Vegas (Honolulu branch) using the budget allocated for the survey expenses in the islands.