



The Secretary of Energy
Washington, DC 20585

July 2, 1999

The Honorable Ted Stevens
Chairman
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

The Compact of Free Association Act, Public Law 99-658, directs the Department of Energy to provide a fiscal year funding report each year. The enclosed fiscal year 1998 report (Enclosure 1) details how funds were spent for the special medical care and logistical support program for Rongelap and Utirik populations exposed as a result of the Bravo test of March 1, 1954. Enclosure 2 also specifies anticipated funding needs for the program for fiscal years 1999 and 2000.

If you have any questions, please contact me or have a member of your staff contact Mr. R. Thomas Bell, Office of International Health Programs, at (301) 903-5728.

Yours sincerely,

A handwritten signature in cursive script that reads "Bill Richardson".

Bill Richardson

2 Enclosures

cc: With enclosures
The Honorable Robert C. Byrd
Ranking Minority Member





The Secretary of Energy

Washington, DC 20585

July 2, 1999

The Honorable Pete V. Domenici
Chairman, Subcommittee on Energy
and Water Development
Committee of Appropriations
United States Senate
Washington, D.C. 20510

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The Honorable Harry Reid
Ranking Minority Member



Printed on recycled paper



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Washington, DC 20585

July 2, 1999

The Honorable C.W. Bill Young
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

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The Honorable David R. Obey
Ranking Minority Member





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The Honorable Ron Packard
Chairman, Subcommittee on Energy
and Water Development
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

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The Honorable Peter J. Visclosky
Ranking Minority Member



THE U.S. DEPARTMENT OF ENERGY
MARSHALL ISLANDS MEDICAL PROGRAM
FISCAL YEAR 1998 REPORT
July 2, 1999

The Department of Energy (DOE) Marshall Islands Medical Program continued, in this its 44th year, to provide medical surveillance for the radiation-exposed populations of Rongelap and Utirik Atolls. The program was implemented in 1954 by the Atomic Energy Commission following the accidental exposure of Marshallese to fallout from a nuclear test at the Bikini Atoll.

BACKGROUND AND MEDICAL SCOPE OF WORK

After the 1954 accidental exposure of a group of Marshallese to nuclear fallout, Congress decided that, from a humanitarian as well as scientific perspective, medical surveillance and the necessary medical care needed to address radiation-related illnesses should be offered to the exposed Rongelap and Utirik individuals (mandated individuals). Participation in this medical program is voluntary. The exposed population in 1954 numbered 253 individuals, including 12 *in utero*. Today, the population numbers 124. The mandated individuals are considered to be at increased risk for malignant disease as a late complication of prior radiation exposure; thus, the DOE Marshall Islands Medical Program has implemented a cancer-oriented annual health evaluation. The examination follows the guidelines of the American Cancer Society and includes a medical history, complete physical examination, advice on decreasing risk factors for cancer, advice on self-detection of lesions, annual pelvic examinations, mammography, Papanicolaou smears, stool testing for blood, blood count and urinalysis, prostate specific antigen, and triennial flexible sigmoidoscopy examinations. Some procedures are performed more frequently than recommended for the general population because of the presumed, increased risk of illness due to radiation exposure.

The results of the examinations of the population to date indicate that the exposed population is at greater risk for developing certain endocrine problems such as thyroid disease; thus, those mandated individuals receive annual thyroid function blood tests and thyroid examinations by a specialist. There is also ongoing monitoring for clinical evidence of immunologic defects that might predispose the mandated individuals to unusual manifestations of infectious diseases. In addition to the cancer-oriented examinations outlined above, the DOE Marshall Islands Medical Program also dispenses primary medical care and preventive medical services to the exposed population. DOE, as part of its ongoing effort to provide state-of-the-art medical care to the exposed Marshallese, is now applying recent advances in ultrasound techniques to enhance the current thyroid screening protocol. These new methods could provide earlier detection of thyroid problems. This early detection may lead to an increase in the number of medical referrals due to concerns over possible thyroid disease or cancer.

Any mandated individual with a suspected neoplasm, or a medical finding that might be associated with prior radiation exposure, and who cannot be treated by the physicians participating in the DOE mission because of a lack of adequate facilities in the Marshall Islands, is referred to tertiary facilities for a definitive evaluation and for appropriate therapy. The referral and associated expenses relating to the care of the mandated individuals are the responsibility of DOE. The usual tertiary referral hospital is the Straub Clinic in Honolulu, Hawaii.

When a mandated individual or a volunteer comparison individual is found to have general medical problems that are not associated with prior radiation exposure, he/she is referred to the U.S. Department of the Interior-funded 177 Health Care Program (177 HCP) of the Republic of the Marshall Islands (RMI). This plan also provides medical surveillance and care to individuals from the four atolls impacted by the U.S. testing program.

ORGANIZATIONAL STRUCTURE

The overall DOE Marshall Islands Medical Program is under the direction of DOE's Office of Health Studies within the Office of Environment, Safety and Health. Within the Office of Health Studies, oversight of the medical aspects of this program is provided by the Office of International Health Programs. In keeping with this responsibility, selected staff from this office participated in both the fiscal year (FY) 1998 medical missions. Until June 30, 1998, the DOE Marshall Islands Medical Program was conducted by the Brookhaven National Laboratory (BNL). The BNL medical director is an internist and endocrinologist. He accepted the interim medical director position in October 1997. He organized and prepared for programmatic transfer of all medical charts and information to a successor organization. Other program staff included an administrative/technical specialist, a medical records administrator, and an administrative/laboratory assistant. After June 30, 1998, these personnel were reassigned within BNL. The technician based at Kwajalein was also reassigned. The majority of physicians who participated in the medical missions were skilled volunteers, primarily medical school faculty members, and the medical staff of other medical institutions. The volunteer physicians find participation in the program most rewarding. It was not unusual for them to participate in several medical missions. The physicians of the DOE Marshall Islands Medical Program offer, as resources permit, medical consultation to the Ministry of Health and the RMI's 177 HCP.

A copy of each completed medical examination is given to the patient at the time of the examination and, with the permission of the patient, to the 177 HCP. The original medical record data have been incorporated into the BNL medical record, with the exception of medical record data collected in the fall 1998 medical mission. Those original medical record data were left in Kwajalein for the Pacific Health Research Institute (PHRI) to allow their integration into the new medical record data system.

From June 30 to December 31, 1998, a transition program was instituted under a subcontract with Bechtel Nevada to have this same past medical director at BNL continue to provide oversight of the special medical care program and conduct the fall 1998 medical mission.

On August 28, 1998, a 5-year cooperative agreement for \$5.5 million (\$1.1 million per year) was awarded to PHRI in Honolulu, Hawaii. It will be a community-based medical care program with greater emphasis on primary medical care while servicing the specific health care needs of the mandated individuals. In addition, year-round care is provided for the mandated individuals, as well as the volunteer comparison individuals. Although the transition process commenced on August 28, 1998, PHRI assumed full responsibility for the DOE Marshall Islands Medical Program on January 1, 1999.

All medical charts and data were transferred by June 30, 1998, from BNL to DOE's Office of International Health Programs. These data have been merged with existing medical records dating back to 1954. Each patient's medical data are now stored electronically in a database that can be accessed with easy search routines by name, identification number, and date of visit or examination. December 28, 1998, DOE provided PHRI with its own computer hard drive that contains all DOE's Marshall Islands patient medical record data. The hardcopy medical record charts are being archived for permanent retention in a climate-controlled environment by the Office of International Health Programs.

Access to individual medical record data by a patient or their next of kin will be possible upon receipt of a signed consent form, which was made available by PHRI February 1999.

FY 1998

DOE conducted two land-based medical missions during the fall and spring of FY 1998. The medical specialties needed to provide a thorough medical evaluation of the mandated individuals were present on both missions. The two medical missions were split evenly in terms of the length of the mission and the number of patients seen for follow-up and complete examinations. In addition to the full examination of patients who were not examined during the prior spring FY 1997 medical mission, the physicians on the fall 1997 medical mission followed up on some medical problems that were noted previously.

At the beginning of FY 1998, 130 mandated individuals were still living. Six deaths occurred in FY 1998, reducing the mandated population to 124 individuals as of September 30, 1998. These deaths were from nonradiogenic conditions.

A total of 130 patients were invited to participate in the missions. During the fall 1997 medical mission, 115 patients (88 percent) elected to participate and were examined. The remainder of the patients were sent prescriptions as needed. During the spring 1998 medical mission, 81 patients (62 percent) elected to participate and 49 patients (38 percent) received prescriptions

or were called back for the subsequent mission. Arrangements were made with PHRI to have medical examinations completed at the Straub Clinic in Honolulu, Hawaii, for the 12 individuals currently residing in Hawaii.

Annual mammograms are provided to the mandated individuals under a contract with the U.S. Army Kwajalein Hospital, which has a Food and Drug Administration accredited mammography unit. Using a leased General Electric model, thyroid ultrasound is performed. During the fall 1997 medical mission, 49 mammograms and 10 diagnostic mammograms were performed. In addition, multiple x-rays for various complaints related to joint pains, 118 thyroid ultrasounds, and 36 organ ultrasounds (i.e., kidney, pelvis, adrenal) were also performed. During the spring 1998 medical mission, 58 mammograms and 17 diagnostic mammograms were performed. An additional 30 x-rays for miscellaneous joint pains, 110 thyroid ultrasounds, and 26 organs ultrasounds were performed.

Of those mandated individuals examined during FY 1998, two required referral for medical follow-up for possible radiogenic disease beyond the capabilities of the medical team at Kwajalein. These referrals were sent to the Straub Clinic in Honolulu, Hawaii.

The DOE Marshall Islands Medical Program continues to seek ways to integrate its activities with RMI's 177 HCP in Majuro. In this regard, PHRI will attempt to integrate the medical services provided in the Marshall Islands for patients shared between the DOE Marshall Islands Medical Program and the 177 HCP.

A publication updating the medical findings of the DOE Marshall Islands Medical Program covering FY 1992 through 1996 has been completed and is attached.

In response to a request from the RMI Government, hard copies of all medical records on the living mandated individuals are delivered to RMI's 177 HCP. In addition, records up to and including visits of the spring 1994 medical mission were supplied to RMI's 177 HCP both on microfilm and CDROM.

The DOE Marshall Islands Medical Program continues to work closely with the Nuclear Claims Tribunal (NCT) in the Marshall Islands. In FY 1998, BNL provided medical data requested by NCT to assist RMI in their review of compensation claims.

FY 1999 PROGRAM

The award of a cooperative agreement to PHRI marks a significant change in DOE's health care delivery process in Rongelap and Utirik. The PHRI program provides a year-round community-based health care system focused on education and preventive medicine and is designed to establish health care delivery infrastructure for the Marshallese. The PHRI program is also designed to solicit and promote community involvement in the health care delivery process through the use of community advisory groups.

PHRI plans to utilize the medical examination site associated with the U.S. Army Kwajalein Hospital on Kwajalein Island within Kwajalein Atoll. Patients at Kwajalein Hospital can undergo diagnostic mammography in addition to the routine screen mammography. Procedures requiring a surgical backup, such as colonoscopy, can also be performed and surgical consultations may be obtained. Basing the program at a Marshall Islands-located hospital has resulted in a decreased need for referrals to the Straub Clinic in Honolulu, Hawaii. However, the needs of the aging population may nonetheless result in increased referrals. Other aspects of RMI's community-based medical care can be enhanced by the geographic proximity to the U.S. Army Kwajalein Hospital. Such benefits include acute care hospitalization capabilities and the availability of a hyperbaric oxygen chamber.

PHRI plans to provide a year-round healthcare program for the mandated individuals with a full-time RMI medical officer and nursing coordinator at both Majuro and Ebeye. PHRI will utilize senior resident physicians from the University of Hawaii family practice program on one-month rotations. These senior resident physicians, as well as other University of Hawaii faculty physicians, will work with the local Marshallese medical officers. PHRI plans to establish protocols for medical surveillance screening based on accepted U.S. age, risk, and gender specific guidelines.

In addition, PHRI is making inquiries to the RMI Government to add an examination facility at Majuro. A local Marshallese speaking physician will live and operate on a permanent basis at Kwajalein and, if RMI concurs, Majuro. The medical staff will schedule patient visits independently or coordinate with the 177 HCP, review patient status, and provide medical care for the mandated individuals at local atoll locations such as Mejatto, Ebeye, and Utirik Islands. Physicians will attend to infirm patients in this group or in the volunteer comparison group.

FY 2000 PROGRAM

In FY 2000, medical care provider costs are expected to be the same as in FY 1999. Medical referral costs and capital equipment needs are likely to increase due to case complexity and increased disease associated with older age.

FUNDING

Enclosure 2 is a summary of FY 1998 expenditures and estimated needs for FY 1999 and 2000.

THE DEPARTMENT OF ENERGY MARSHALL ISLANDS MEDICAL PROGRAM
SUMMARY
(\$000)

	FY 1998 <u>(Actual)</u>	FY 1999 <u>(Estimate)</u>	FY 2000 <u>(Estimate)</u>
1. Administration, program staff mainland United States referrals; mission medical and technical personnel; and year-round, community-based health care programs at Majuro and Kwajalein	1,237	1,100	1,100
2. Medical supplies, shipping, personnel transportation, logistics, and administration	1,138	1,267	1,278
3. Medical referrals to Straub Clinic, Honolulu	72	180	195
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Total:	\$2,447	\$2,547	\$2,573