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TRIP REPORT BNL MEDICAL MISSION #1, EBEYE AND MAJURO SEGMENTS

I. Background

I participated as the DOE Field Representative during the Ebeye-Majuro segments of the BNL's annual pediatrics mission.

II. Activities and Observations

A. Ebeye

The mission was conducted from October 21 to 26 at BNL's on-shore trailers beside the Ebeye Hospital. The LIKTANUR II provided daily support by anchoring off the pier so that the laboratory and lunching facilities were readily available.

The community meeting was held on Friday evening, October 21, 1983. It was attended by 12 Marshallese, an 'average' turnout, I was told. However, the turnout might have been higher had the original radio announcement, which was broadcasted on Kwajalein radio, been simultaneously broadcasted on Majuro's WSZO (to which, we learned, more Marshallese on Ebeye are tuned) as well as telecasted over the Ebeye TV station. At any rate, after the mission was described and staff introduced to the group, few questions were asked. These concerned the timeliness of subsistence payments to Rongelapese referred to Ebeye Hospital, and the peoples' desire for an initial rest day in Honolulu for patients referred to Hawaii (a not unreasonable request in the case of Uterikese who fly from their island to Kwajalein and later in the same day, depart on the overnight flight to Honolulu).

Despite heavy rains and generally inclement weather during our days on Ebeye, the children turned out in large numbers. One-hundred ninety (190) children were examined by the two doctors and at least 170 had blood drawn for analysis. Special tests for iron deficiency were given to 95% of the children. The doctors reported few abnormalities.

Roger Ray (DPO) Corres. 1983

HARRY BROWN'S Files, NV

One problem occurred when water service to the trailers was interrupted and was not restored for two hours, partially because there is no phone service to the trailer so that Public Works could have been speedily informed about the problem. I have asked Jim Watt to go through REPMAR channels to have a phone installed in the examination trailer. This will also eventually facilitate communications between the BNL resident physician/staff/ and BNL in New York when the Ebeye COMSAT goes into service at the turn of the year, a feature that Dr. Adams expressed interest in.

As an aside, the examination trailer door closes with difficulty and should be replanned. Jim Watt will follow up with PW/Ebeye on this.

There was one M.I. Health Services consultation referred by Dr. Soriano of Ebeye Hospital to our pediatrician; the diagnosis showed no serious problem.

I also wish to single out the LIKTANUR II and its crew for the outstanding support at Ebeye. An excellent handi-talkie communications network was established between shore-small boat-ship- (below-deck) laboratory which added greatly to the mission's efficiency and coordination. Also the crew provided fine rescue support in speeding to Kwajalein on short notice to get a stretcher needed on Ebeye to carry a non-ambulatory, injured man to Kwajalein for referral to Majuro. Although the individual was not our patient, the action was immediate and necessary since, unbelievably, no stretcher was available or could be found in Ebeye Hospital. The experience does point out the wisdom of carrying a stretcher aboard ship on all future medical missions, a detail we can add to future operations plans.

Captain Coberly and the Chief Engineer even managed to repair the brown van which broke down on Ebeye. Without the van, our ability to convey blood samples and move persons and gear would have been seriously impaired, especially since the weather was so bad.

B. Majuro

The mission was conducted between October 31-November 3, aboard the LIKTANUR II using the medical trailers and laboratories. It was preceded by the community meeting at Majuro Courthouse on Sunday evening, October 30. After we discussed the mission objectives and introduced the staff to the 35 people present, several questions were asked. Again, BNL was asked why children of the exposed do not qualify for identification cards in view of the fact that I.D. card holders have displayed on their cards, their number of offspring. (This being interpreted by the Marshallese as denoting eligibility for their children). Bill Scott explained that the display of the

number of children of the exposed on the I.D. cards was merely for statistical purposes. Another questioner, who herself and eldest son, both exposed, had thyroid surgery and were compensated, wondered why her unexposed younger son (Winton Kel) has thyroid problems, has been referred by BNL to Honolulu for treatment, has an I.D. card, but has not been compensated. It was explained that as an unexposed person, Mr. Kel would not be, by U.S. policy, eligible for compensation. In short, despite our explanations and Dr. Adams' medical exposition on incidental thyroid occurrence in man, most Marshallese remain convinced that thyroid illness is an inherited sickness produced from the Bravo event of 1954.

The medical examinations were severely hampered the first two days by storms and heavy rainfall. Only 20 children came the first day. Two sunny days at the end of the mission enabled the doctors to see 140 Uterik-Rongelap-Ejit (Bikini) children as well as handling ten consultations from Majuro Hospital. Most of these consultations were for x-rays since the Republic's major medical facility--Majuro Hospital--had no functioning x-ray equipment.

Four of the six I.D. card holders invited in from the outer islands made their flights and were examined by Dr. Adams. I directed that the unused per diem funds be applied to Reynold deBrum's petty cash fund and have so notified H&N Finance.

Fruitful meetings were held with Health Ministry personnel. Dr. Adams and I briefed Health Minister Andrew Hiseah (appointed in July, 1983) on the DOE and BNL programs. He seemed satisfied and pleased with our information. He did raise questions pertaining to the future of the program after the Compact of Free Association becomes effective, and the political problems he faced in the Nitijela about who is eligible for I.D. cards (in short, why he couldn't see to it that the BNL list is expanded to include virtually everyone in the Northern Marshalls). He did express great appreciation for our services and our willingness to help the Health Ministry by giving consultations, taking referrals, and in the present case, arranging for the purchase and delivery of an emergency supply of TB testing kits for the Majuro Hospital. (We've requested H&N to order and send these refrigerated supplies to Reynold deBrum via DOE Coordinator, Kwajalein).

The LIKTANUR crew again performed admirably. The Engineer installed an ICOM antenna tuner to Station KAD 75-5. Unfortunately, the radio's receiver is malfunctioning and will require an immediate replacement. H&N has been notified and is taking action.



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OP-480:WDJ

cc:

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