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REPORT OF FIELD TRIP TO THE MARSHALL ISLANDS, 4/27/87-5/23/87

I. ITINERARY

I served as DOE Field Representative for three-quarters of the annual BNL medical mission, visiting Kwajalein/Ebeye, Majuro, and Uterik Atolls as follows:

- 4/27-5/4 - Kwajalein/Ebeye
- 5/5-5/14 - Majuro
- 5/15-5/21 - Uterik
- 5/21-5/22 - Majuro

II. ACTIVITIES AND OBSERVATIONS

A. Honolulu Airport

Quite coincidentally, I met with REPMAR President Amata Kabua at the airport coffee shop. He was enroute home from a visit to New Orleans where, he reported, he had acquired a 100 ft., aluminum-hulled, motor vessel for his government. (I learned later the boat is to be used as a patrol-fisheries enforcement vessel). We chatted informally about the DOE program, my mission, and our vessel, the LIKTANUR III. He was very much aware that KMR intends to charter our vessel to go to Likiep Atoll in either June or July. In fact, he opined that July would be a better month because he expected to have his patrol vessel in operation and would plan to meet the DOE vessel in Likiep lagoon. I was surprised by this revelation.

B. Kwajalein Atoll

As planned, I made a courtesy call with Dr. Adams of BNL on COL Chapman's office. Dr. Adams briefed the KMR Commander on BNL's medical program, mission, and related activities. He also reiterated our offer to allow KMR to use our mammography unit (and other specialized equipment) between missions. COL Chapman was pleased with the offer and intends to accept it, pending an exchange of formal correspondence with DOE governing its use.

COL Chapman confirmed that he is interested in chartering our vessel to go to Likiep, preferably in early June. He wishes to assure the islanders that incoming missiles are of no threat to Likiep (they pass over Likiep at a shallow angle, arousing fears there). He said

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HARRY BROWN'S Files, NV

our charter costs were very reasonable, a surprising remark in view of the fact that I had never mentioned charter costs to him. He was gratified to learn from me of President Kabua's apparent interest in the trip. I closed by assuring COL Chapman that DOE was flexible enough to accommodate either the June or July dates; he had only to submit a formal letter of requirements to us. He said he planned to do so.

I met next with KMR's REPMAR/TTPI Liaison Officer, Vic Hobson, and his deputy, Norman Smith, to review the Colonel's request. I expressed my pessimism over the proposed idea: I didn't think that KMR would have the funds to conduct, in effect, a costly public relations activity. He didn't believe that would be a problem; he wanted to know the mechanics for making a request. I told him and then gave him a rough cost estimate for the three day junket.

On April 28, I met with the newly-appointed Global Associates Resident Manager, Mr. Robert Jefferies. I found Bob to be an affable, open, and earnest person, quite interested in DOE's activities; he even pledged his unsolicited support to our work. He, like us, is concerned over retaining John Brown's services and appeared very willing to resolve John's housing dilemma. (I later learned that with Global's endorsement, our recommended language changes to the current DOE-DOD (USAKA) ISSA was approved by the Army and forwarded back to Huntsville for processing). I also briefed him on our activities in the Marshall Islands. He was aghast to learn from me that through the indifference of his Packing and Receiving staff, more than \$1,800 of chilled drugs were spoiled. He promised to correct his handling procedure to prevent this type of occurrence. (I later confirmed that he did make these corrections, a good sign of his support and commitment).

EBEYE - The mission began with the town meeting on Ebeye on the evening of April 28. It was attended by thirty people, principally Rongelapese, a good average for Ebeye. Dr. Adams gave a description of the work program for the visit and we both responded to questions from the floor. Most of them focused on their desire for on-going health care and referrals which they want sponsored by DOE. I explained to them about the Four Atoll Program successor, the 177 Health Care Plan. (They were uninformed about it).

The mission proceeded smoothly for the most part. During five examination days, the five doctors saw eighty-two patients and evaluated twelve REPMAR referrals. It appears there will be one referral to Honolulu from Ebeye. One doctor suffered an accidental needle-stick but blood tests done in Honolulu later, on her serum, proved negative. As usual, BNL ran short of certain medical supplies and we ordered replenishments from Honolulu. H&N did an excellent job in fulfilling these orders on real short notice.

Later in the week on Kwajalein I talked further with Vic Hobson about the Likiep mission. I was unsurprised to learn that our proposed estimate of \$11K was too rich for the Colonel's blood. He would like DOE to offer him a special, reduced rate, a wish I passed on

to you several weeks ago. (NOTE: This issue was overtaken by events. COL Chapman subsequently decided to use a USAKA tugboat to go to Likiep, along with borrowing DOE's six-person, air-conditioned "sleeping van" to accommodate members in his party. I do not know as yet, the dates of this mission.)

C. Majuro

On May 5, I met with Skip Cole, Mercy International's REPMAR Contract Administrator to review mission plans and local staff participation. I asked him about the status of the Ministry's proposal to arrange all future Marshallese health referrals with New Zealand. He said it is a very politically sensitive issue and Minister deBrum's political reputation (if not future) is riding on its outcome. Cole claimed to be "guardedly optimistic" about its chances. However, it is not going to happen within the next several months.

I also met with Airline of the Marshall Islands officials and learned that they are unhappy with H&N's progress in paying them and in challenging their invoices. I promised to look into their concerns but told them they should formally write us their complaints so that the issues could be correctly understood and investigated. (Frankly, if they don't write us, then they are only sniping and carping).

We did run into some problems with "locking-in" our premier hotel arrangements for the BNL party, which resulted in some doubling-up, and last minute, if not frequent, room changes during their week. The doctors were annoyed and frustrated by this. However, Majuro is Majuro: The Robert Reimers Hotel failed to live up to its prior commitments to DOE, resulting in these petty, but tolerable inconveniences.

I had very positive and successful briefings and meetings with REPMAR health authorities and staff. I met on several occasions with Health Secretary Marie Maddison and Assistant Secretary for preventive Services, Jan Alfred (as well as Assistant Secretary for Administrative Services, Neijon Edwards). As a result of these discussions and contacts, and the positive dialogue and exchange which took place, there has been established a real basis for close coordination and cooperation between DOE and the Ministry of Health. Dr. Adams was quick to recognize this as well after his participation in some of the meetings.

REPMAR is interested in participating with us in the September mission to Uterik and Mejato (as is the 177 Health Care program). They would like to send a public health team with us. I told them to submit a request to DOE before July for our consideration since the limiting factor is space. They also would like us to arrange our future medical sub-specialist choices with their health needs in mind. Dr. Adams felt he could accommodate this if given early information on their medical needs during annual mission planning time. We also agreed to offer in-service training from our doctors during future trips. (Indeed, we arranged for Dr. MacKay, an infectious disease specialist/professor, to give a lecture on AIDS, which lasted over two

hours, to REPMAR doctors and health personnel at Majuro Hospital on May 14th. It was well received and well attended since there is avid interest in the subject in Majuro, the President has directed an effort be made by the Ministry to do AIDs screening, and two AIDs cases have been found at Kwajalein).

Bill Adams and I met with Minister of Health, Tony deBrum on a social occasion. deBrum thanked us for our help and expressed a desire for closer coordination and integration of our programs. I was impressed that although we met up with him only a day after our meetings with Ms. Maddison and Co., he had been fully briefed and was familiar with our discussions and activities. In short, under deBrum's brief tenure with and oversight of health services, I see evidence of real progress and accomplishment, particularly with the quality and performance of the senior bureaucrats in the ministry, its organization, and formulation of progressive programs and goals.

The mission got off to an auspicious start. Majuro has been experiencing a prolonged drought and water shortage of near-crisis proportions. Yet, shortly after the arrival of the Liktanur III, the skies opened up and dropped 3,000,000 gallons of water into the reservoir. (It is common folk wisdom, incidentally, at Uterik and Rongelap, that the ship always brings rain with it, a good omen in the water-scarce atolls of the Pacific). So, despite the rains and an accompanying power outage, thirty persons showed up at the darkened, evening meeting to hear about the mission. Most questions concerned per diem and payments for referrals, but some wondered why we don't treat their children. (Note: We do. . . in the outer islands). I explained the intent of Congress in granting the islands, the Four Atoll Health Care program, which does and will serve all the islanders, including their children.

We had a successful mission in Majuro. During the four days of work, we comprehensively examined sixty-eight exposed/invitees, and saw fifteen or so referrals from REPMAR. We found two persons for Honolulu referral, but more ominously, discovered our first hypothyroid case among the Uterikese exposed, an unexpected but fraught-with-significance event, according to BNL. A real godsend to the mission was the presence of both the ultrasound machine and its specialized operator, Susan Duhaime. She was able to make several diagnoses of illnesses, including four for the REPMAR, that could not have otherwise been detected. This piece of medical equipment shall prove to be very valuable to our surveillance program. Our doctors also went to the Majuro hospital to assist on cases; indeed, Dr. Melkonian performed two complicated surgeries there which doctors locally were fearful to conduct.

While at Majuro, I had courtesy meetings with the State Department Office (Martha Campbell) and the USAKA Liaison Office (Major Mike Pettit).

I had several meetings with Jim Kellogg, the administrator for the Sec 177 Health Plan. We discussed his program and work schedule, and reviewed areas of cooperation with DOE. I even arranged a work meeting

with him and Bill Adams and Scott to discuss recordkeeping and sharing of information. I got the impression that Kellogg will be easy to work with and that we will have a mutually satisfying work relationship. We agreed to meet upon my return to Majuro when he would have a copy of Mercy's contract for our discussion. He also asked our help in getting some of his patients back to Mejato on our vessel.

D. Uterik

The mission started with a community meeting attended by thirty-five adults, a surprisingly small number for there. However, many adults had gone to Majuro after having received their first Compact Trust Fund income payments a few weeks previously. Thus, the first couple of exam days went slower than usual with a lesser number of clients. (About 350 were on island, or, 25% reduction). Altogether, we examined 125 individuals and saw perhaps fifty more on island sick-call. While only one person seemed a likely candidate for Honolulu referral, there were close to a dozen others whom we will recommend to Section 177 for referral to Majuro, some immediately. In fact, we called in, with 177 administrative concurrence, a medical evacuation to fly out two seriously ill persons. Moreover, three more were referred out on the regular Friday flight to Uterik, including a 101 year old woman.

By and large, the mission went well at Uterik although we continued to notice a large decline in the number of young men voluntarily coming for exams. (It seems they particularly dislike the rectal probes of the doctors and as a result, boycott the examination offer). The mission was also distracted by the arrival of the REPMAR field ship (the unloading of which accounted for some of the young men's absence).

On balance, the mission appeared to be highly successful. I was especially pleased to see that the new flat-bottomed boat performed well, was roomy, and convenient to use. It can even carry a stretcher case in the bottom of the boat. This enabled us to x-ray and examine several non-ambulatory patients. The only sour note concerned the poor circulation of air in the new medical vans. This made things very uncomfortable for the doctors and patients, and in at least one instance, contributed to the overheating of the ultrasound machine, thus taking it out of service for most of one day.

The group attended the ilo mij (funeral) of Leban Kaiko, whose body was returned to Majuro on the field ship. (He was the patient we had referred in February-March to Honolulu for treatment of cancer and who had expired in Majuro in mid-April). The community seemed very pleased by DOE's participation, although the family did raise the matter of compensation with me. (Action has been taken by DOI on this matter, I understand).

I returned to Majuro on the regular AMI flight. There I met with Jim Kellogg to review the 177 Health Plan contract, and to discuss the outline of a prospective MOU between DOE-177 Health Care Plan which will define and govern the relationship and coordination between our respective programs. He also wanted to talk more about the mechanics of utilizing our Ebeye facilities for his program. (Incidentally, he

confirmed they have hired Jenuk Kabua to staff his Ebeye office). I did learn, however, that DOE is perhaps inadvertently contributing to a serious political-medical problem. During our missions, the BNL doctors are making recommendations for referrals of Marshallese that they examine, to facilities in Hawaii, and thus inadvertently bypassing local evaluation/assessment of these cases. Moreover, some of these individuals, who are routinely given copies of the doctors exam results and medical recommendations, use these documents to unfairly pressure the REPMAR 177 health care system to make precipitate referral decisions. I suggested he have REPMAR authorities write us about the problem as they see it with their suggestions for eliminating it. He said he would see that this is done.

BNL/DOE once again assisted and contributed to the health care system in that Dr. Benes, our ophthalmologist, escorted her eye patients to Majuro and performed laser surgery on them as well as treated seven others in a one day revisit to the island.

III. RECOMMENDATIONS

1. By copy of this report, I would request and urge AMOCO/NV to evaluate the significance and impact on DOE of the hypothyroid case found in the young, Uterikese male (Mr. Premen Attri). The BNL doctors seemed surprised by its occurrence; the first of its kind to have been found among Uterikese. (Four earlier cases were discovered among the Rongelapese, all of whom were compensated by the U.S. Government).
2. Aggressive and immediate action needs to be taken to correct the deficiencies in the medical vans' air conditioning system. Air circulation within them is extremely poor and the comfort level is low . . . both doctors and patients complained to me about them. (I have brought the matter to H&N's attention and they are working on a fix to the problem).
3. In order to build successfully on the good relationships established with Minister deBrum and his senior health administrators and, to ensure a positive contribution from DOE towards the REPMAR goal of a unified, comprehensive health care system, we must plan our future medical missions in closer cooperation with the REPMAR Ministry of Health Services. I believe this can be done without compromising our mandate and objectives. It, of course, means greater involvement of REPMAR in DOE missions, even input from them in our planning process, and above all, our responsiveness to their concerns. For instance, the issue raised above concerning the manner in which our doctors foist referrals upon the overburdened REPMAR referral system, needs to be carefully examined. I expect we will hear from Majuro on this issue and I am certain we can resolve it with BNL's cooperation.


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OP-183:WDJ

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