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REPORT OF MEDICAL MISSION TRIP TO UTERIK, MEJATO, EBeye, MAJURO,
FALL 1986

I. Background

I served as DOE Field Representative on the BNL medical mission to the Marshall Islands between August 28 - September 13, 1986, as follows:

August 28-30	Kwajalein
August 30-September 4	Uterik
September 4-7	Mejato
September 7-10	Kwajalein/Ebeye
September 10-13	Majuro

II. Activities and Observations

A. Kwajalein

The highlight of my stay was a courtesy visit to the new Commander of KMR, Colonel Richard Chapman which turned out to be a 1-1/2 hour discussion on a range of MI related matters. I briefed him on DOE activities in the Marshall Islands, reviewed the existing MOU with KMR, and described the key support we receive at KMR. I found Colonel Chapman to be attentive, interested, enthusiastic, and genuinely anxious to assist our program. In my opinion, Colonel Chapman, a soldier-diplomat, has been carefully selected to give meaning to the "Good Neighbor" policy of the US Army at Kwajalein. DOE stands to benefit from that mandate, certainly in the form of improved relationships and program support. Colonel Chapman is even interested in accepting our offer to use the mammography unit at his hospital for a cancer screening program. More significantly, he takes his added (and new) role as CINCPAC Rep in the Marshall Islands area seriously, which is why he was so interested in our work in the outer islands. (He will even have a staffer assigned to the State Department's "country team" in Majuro when it is established in the Compact period). Thus, he immediately accepted my offer to visit us at Bikini during one of our future missions and to visit our ship during the medical mission. (He was unable to do so during the course of our visit).

I continue to be impressed by the progress shown by John Brown in handling the responsibilities of our coordination position.

BRM Medical 87
HARRY BROWN'S Files, NV

Mr. Brown is enthusiastic, eager, intelligent, and hardworking. He is a totally reliable employee who follows through on his assignments. His supervisor, Darlene Koenig, asked me if DOE could secure a house trailer as his billet now that he planned to get married in mid-September to a co-worker on island. He felt that it would contribute enormously to his morale and ensure he would remain with us for many years ahead, if needed (since his present grade level does not typically carry married status housing).

The only hitch at Kwajalein resulted from the shortage in port time to enable us to modify the x-ray van so as to install the electronic film processor which H&N worked so hard to order, purchase, and deliver in time for the mission. There just wasn't enough time (only four days in port) for Global's ponderous system to react to the major job order. However, BNL assured us that it had not planned on the equipment being available for this mission anyway, so would not be hurt by its absence. I did, however, have John Brown, a carpenter by background, and Bill Lehman, the BNL x-ray technician, confer together on how the trailer can best be modified and the processor installed. It will be ready well in time for the next mission.

B. Uterik

We arrived 24 hours late to Uterik because of a planned sailing delay at Kwajalein (coordinated in advance with BNL) originally arising from the Bikini LLNL mission. However, we easily made up the time because of the small number of medical follow-up patients and the presence of a third doctor at Uterik. Coincidentally, Dr. Graham Conway of the Four Atoll Health Program was on his initial field visit to the island. As a result, we combined manpower; Conway maintained his focus on sick call and BNL handled the exposed and their problems. All in all it worked out surprisingly well; Dr. Conway had our people pre-screened for problems and treatment; we, in turn, offered him good diagnostics for his patients (lab, x-ray, etc.). We also helped to orient the newly assigned REPMAR dispensary aide to Uterik, Mr. Pijen Boas, a Rongelapese.

The community meeting was, as always at Uterik, stimulating if not entertaining, with the same few people asking the same bizarre questions (i.e., the meaning of pigs born with two tails; cats with three heads; etc.). However, there was a legitimate concern expressed about the people being confused by the inconsistency between DOE's policy on referrals of thyroid patients and the Four Atoll's policy (which generally is not to refer suspected thyroids, until their diagnoses are certain). Moreover, the folks wondered why no compensation was being paid to non-exposed Uterikese. Dr. Adams and I clarified the DOE policy and BNL practice on thyroid referrals.

We noted that the above questions seemed "loaded" to highlight the invidious comparisons that the islanders make

between DOE and the Four Atoll program. Clearly, we detected dissatisfaction and disinterest in the Four Atoll health care policies and level of support/care as compared with DOE. In short, the Four Atoll program has not been received with open arms at Uterik. The response of the Uterikese to it appears to be, unfortunately, grudging. Even Dr. Conway sensed this and discussed it with us. I explained we are a tough act to follow (or even precede) because of our resources and concentration of health care. I felt bad for him since he was in an unenviable position. Nevertheless, we worked very closely with one another, coordinated our joint services, and focussed our mutual resources efficiently. Thus, the real beneficiaries were the Uterikese, however chagrined they may be over "the other program".

I was disappointed that the specially donated sports equipment for the people of Uterik (and Mejato) did not arrive on the vessel as anticipated. An oversight in Honolulu at H&N resulted in its not being shipped to Kwajalein. I promised the Mayor we would send it up on a subsequent AMI flight to Uterik. Also, a June-ordered bacteriological identification kit, necessary to expedite culture growth in the field, did not arrive in time for the mission. This lengthened the hours worked by BNL in the laboratory (but was not "mission critical").

We were plagued at Uterik by the problem of youngsters sailing/paddling out to and hanging around the vessel to trade and/or to eat and the inability of the local hire (Harold, the Mayor) medical expediter to discipline these children and to keep them off the boat. My frequent attempts to chase the canoes of kids away was like punching on a balloon: the problem would just reappear on another part of the surface. Even Harold could not seem to control it when asked (his gentle demeanor and political sagacity with the children's parents probably prevented positive action). Fortunately, this was a light mission with few patients crowding the deck. Such will not be the case during the big, annual mission in the Spring.

C. Mejato

At last, nature cooperated with DOE for a change and we were able to conduct a shipboard mission here, practically without hinderance. Winds were reasonably low and the seas calm for the two days at anchor in the deep water far off the end of Mejato. Even the tides were favorable, being at the lowest during midday, thus enabling us to move patients to the boat throughout most of the morning and back to shore during most of the afternoon. The sick calls ashore were even facilitated by the presence and use of the new Four Atoll program-built dispensary (identical to the one at Enewetak).

The community meeting was brief and uncontroversial, with the only significant question being about our policy on referrals of the unexposed. As at Uterik, the people were delighted with

the community gifts of coffee, volleyball equipment, and donations of clothing (I made arrangements for the missing sports equipment to be eventually sent from Kwajalein by the Four Atoll program doctors scheduled to follow us at Mejato).

Bill Adams, as in Uterik, gave evening demonstrations of CPR techniques and a slide presentation on diabetes, which was well received by the people.

Again, coincidentally, we ended up coordinating our work with John Short Associates in that Dr. Pallafax (of the Four Atoll program) and a dentist were to visit Mejato the following week. Hence, I arranged a meeting back on Kwajalein between Dr. Adams and Dr. Pallafax so that the latter could be briefed on the island's follow up cases and sick call status, etc.

D. Ebeye

Only five people attended the meeting at Ebeye and no significant questions were asked.

All work was conducted from the DOE trailers and went rather routinely (only one Doctor, Dr. Jim Harper, was needed for this part of the mission because of the low number of patients that had been anticipated).

The ship was utilized for one day to support x-ray referrals, all of which were completed.

E. Majuro

We conducted all of our work at the new Majuro hospital. I was very impressed with the arrangements we had set up with the Mercy International organization which operates this new facility. Our exam room was fully equipped and all other support items were in place (pharmacy, x-ray, etc.) except for the laboratory (which was out of lab supplies!).

I arranged a meeting between BNL and the hospital administrator, Mr. Skip Cole, so as to familiarize BNL with his system's capabilities to handle future DOE referrals (and thus minimizes expensive referrals to Honolulu). It was clear that although some additional diagnostics can now be done in Majuro, the bulk of our referral needs can likely only be met in Honolulu.

We saw a good number of patients in Majuro during the busy two day session

While in Majuro I met with a local boat builder, Mr. Steve Capelle, to determine if his business could build us a flat-bottom boat for work on the outer islands. I was delighted with what I saw and I am confident Mr. Capelle's firm could build us such a boat for less than \$3,000.

F. Miscellaneous

At Dr. Adam's request, we dismantled an uninterruptible power system unit from the whole body counting trailer and installed it in the laboratory to work in tandem with the BNL scientific equipment. It proved its worth by insuring that a constant power supply was delivered to the equipment despite fluctuations in the ship's generators. Unlike previous trips, there were no complaints this time about malfunctioning lab equipment. Dr. Adams was so delighted with the results, that he will ask Ed Lessard's permission to retain the IPS unit at Kwajalein (the second IPS unit will be shipped back to Lessard at BNL, as requested).

USO was outstanding in its support to the mission. Captain Coberly and crew ensured all aspects of the mission at sea and at anchorage went well and they were tireless in their efforts. The engineer volunteered his time to weld the islanders' bicycles when asked. The cuisine, as we all have come to expect from Mr. Peru, was tasty and varied.

On September 15, 1986, Lance Yamaguchi officially became manager of the KMR's Operations Coordination Branch, a position vacated by Darlene Koenig's promotion to Director of Special Services for Global Associates. This is good news for DOE since "one of our own" will be heading the office in which our coordination function is located.

I reviewed with Dr. Adams the matter of referral costs to Honolulu, suggesting to him various management and administrative practices which could reduce these heavy costs. As a doctor, he has not focussed on these concerns but is now mindful of our problem. As an initial measure he asked Heotis to find out more about medical diagnostic services now available at the new hospital in Majuro. He will also tighten BNL's administrative practices to better coordinate referral requests.

Nevertheless, we cannot expect too much cost relief, especially in making local referrals. While the new hospital has much improved capabilities and equipment, it is constricted by its Ministry's financial sloth. Indeed, our lab work could not be performed at the hospital for lack of reagents and the like (resulting from a vendor's cut-off of Marshall Islands orders for failure to pay past debts!). BNL even lent the hospital Mr. Emos' services on September 13 because they could not locate any of their lab technicians on Majuro that day!

I was, however, extremely pleased that Mr. Cole said Mercy International will honor our existing MOU with the TTPI/Marshall Islands District Government concerning free care of

DOE referrals in the Marshall Islands. With the anticipated demise of the Four Atoll Care Program and the likelihood of DOE's resumption of responsibility for intra-Marshall Islands medical referrals, and with recent implementation of a stringent fee for service schedule at Majuro hospital, Cole's commitment has the consequential effect of conserving our program budget from severe hemorrhaging. For example, the Four Atoll Health Care Program currently pays the Ministry of Health \$200,000 a year for treatment and care of its referral patients at Majuro Hospital.

III. Recommendations

A. When we have established dates for the next mission to Bikini, we should invite Colonel Chapman, the new Commander of KMR, to visit and see our work there. He is most interested in supporting our program and is anxious as well, to familiarize himself with the nearby atolls especially now that he has collateral responsibilities for CINCPAC in this area. Moreover, it would be in our interests to sponsor (i.e. pay for) his transportation on AMI, if such becomes the case; and S&Q.

B. We should duly acknowledge both Darlene Koenig's and Lance Yamaguchi's services to DOE by a warm letter of thanks to Ms. Koenig, and in Lance's case, by a letter and DOE Certificate of Appreciation. (In the latter case, I asked Curt Schryer to acquire a blank Certificate for our execution and transmittal).

C. We should attempt to assist John Brown in getting his billeting upgraded at Kwajalein from BQ to married quarters status. Currently his wage grade level (18) does not entitle him for such change in status (which is Level 21, Lance's new level). I think KMR will favorably consider a request to make an exception in their housing policies...provided we offer to absorb the increased costs (the difference in value between his BQ quarters and a trailer assignment) or approximately \$3,600 per year. I think it's worth doing if funds are available.

D. We should coordinate formally with the Four Atoll Care Program to ensure that our mission visits to Uterik and Mejato are planned in such a way that a Four Atoll physician is either on-island when we visit, or arrives there right after our mission. As Dr. Adams would agree, both programs and their patients/clients derived maximum benefits from their medical work because of their mutual presence at Uterik and Mejato. It was truly a coordinated effort. Dr. Adams thought it worked out well. He especially likes the idea that the Four Atoll Program staff can follow up on our diagnostic results and make appropriate and timely referrals within the Marshall Islands..

Of course, this issue will be moot if the Four Atoll Health Care program terminates at the end of February, as is conjectured.

E. I have advised Harold Matthew, Mayor of Uterik, that there will be significant changes during our next visit to his island. First, trading on board the vessel will only be

permitted during the morning of our departure day. Furthermore, we will hire a "traffic" enforcer" to be stationed on board during working hours to coordinate the patient flow and keep the decks cleared of interlopers. Measures will also be taken to control the patients' messing and lunching to reduce the flow (and costs).

I will review those plans with BNL and ask Bill Scott to budget for the additional local hire. All these measures will be announced to the community during the pre-mission meeting.

F. We should reconsider the question of a locally built flat bottomed boat for use in the outer islands. My observations and experiences at Uterik and Mejato, as well as discussions with Captain Coberly and some of his crew, persuaded me that we can, at relatively low cost, secure the capability to operate and carry passengers to and from shore at really low tides (minimum depth of twelve inches). Coberly believes such a boat, mounted with a short-shaft, 15 or 25 hp engine, would do the trick.

I have already approached a local boat builder, Mr. Steve Capelle, in Majuro, with Reynold deBrum's help and have seen personally that such a boat can be built in the Marshall Islands probably for less than \$3,000.

I recommend we put Keith Coberly in charge of coordinating this effort. He can go to Majuro and see Mr. Capelle and work this out, with Reynold deBrum assisting him.



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