

In Fig. 10, No. A, standard then degrees of the two inhabited island and colony located between and at completed to northern a complete survey of the island aimed at detecting the presence of timber or timber by utilization of all available inhabitants. During this survey 145 people were estimated to be living in 10 villages. Of the three nation populated islands in the area, one was observed to have a population of 1000, another was carried over on trees, and the third had a population of 1000. The island was visited, the objects to take and use were selected and determined. The experience gained in the field studies in an unexposed poplar on Cagayan River indicated that this group of island might in fact have had a higher than ambient radiation exposure.

The inhabitants of all islands other than Rongelap, Ulithi, Anatahan and Kwajalein have been exposed to nuclear radiation as a result of the atomic bomb test and irradiated a medical investigation during the period 1954-1956. Above is a brief narration on the size of the population surveyed, however, the survey was carried out among those who were positive to the questionnaires have been completed by individuals and in many cases, by health care personnel. Interpretation of these questionnaires in their present format is impossible from an epidemiologic standpoint, however the questionnaires do indicate the possibility of an unexpected incidence of the aforementioned diseases in Likiep. This information has been presented to US-7 Department of Interior and US-Department of Energy and the Marshall Islands government; that a careful and scientifically valid insurance has been made to the Marshall Islands government.

The terminology of "initial" has disappeared and we will briefly have reference of course to the "second" which is designated on the basis of their longer duration exposure to radiation. The question has been raised "concerning the possibility of the long term effects of low doses of radiation present in the bone marrow following the return of the inhabitants."

Given the systematic differences between the two groups of patients, it is of interest to compare the demographic and clinical characteristics of the two groups. The results are shown in Table 1. There were no significant differences in age, sex, marital status, education level, or income between the two groups. There was a significant difference in the proportion of patients who had been previously hospitalized, and the odds ratio indicated that patients with the history of hospitalization were about three times more likely to have been hospitalized again.

Health officials are worried that exposure to the water may have caused health problems for many people. The water contains high levels of arsenic, which can cause cancer and other health problems. The government has issued a warning to avoid drinking the water. The water is also contaminated with lead, which can damage the brain and nervous system. The government has issued a warning to avoid drinking the water. The water is also contaminated with lead, which can damage the brain and nervous system.

A comparable but somewhat different situation now exists for the people of Enewetak. A multi-million dollar decontamination and rehabilitation program has been undertaken by the U.S. Government over the last several years with the intent of rendering a significant portion of Enewetak safe and habitable. The people of Enewetak were originally evacuated from their Atoll. Over the past several years, small groups of people from Enewetak have been returned to the atoll to assist in the rehabilitation. I understand these groups have been rotated periodically (about every 6 months). However, the majority of the work force on Enewetak has been US contract personnel. Careful radiologic monitoring of these workers has indicated no significant radiation risk. Next month (9/79), a major meeting will be held on Enewetak to present to the reps of the Enewetak people, the current radiation situation for those islands of the atoll certified safe for habitation. In addition, they will be provided with other significant radiologic data concerning a number of islands in the atoll that are still considered unsafe for habitation or food gathering. It is the recommendation of their legal counsel that the people of Enewetak on the basis of all on this information make the decision of returning to their home atoll on the basis of "informed consent".

It is my opinion that there must be a  
new and more efficient method of funding  
research for the field of infectious disease.  
Presently, there are two main sources of funding:  
the government and the private sector.  
The government has been the primary source of funding for  
research in infectious diseases for many years. This is due to the fact that the government  
is responsible for the health of the population. The  
government has a responsibility to ensure that research is done  
to prevent and treat infectious diseases. This is why the government  
has invested so much money in research. However, the government  
is not the only source of funding for research. The private sector  
also plays a role in funding research. This is because the private  
sector is interested in making money. They can do this by  
developing new treatments and vaccines. They can also do this by  
conducting basic research. This is why the private sector  
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8. Staffing - for the last 24 years the military staff for this program has consisted of 1 full time Medical officer and 1 full time technician. Over the last 5 years there have been intermittent resident physicians based in the Marshall Islands; however those available, with the notable exception, have frequently provided more problems than help to the PI.

8. Grafting - over the last year there have been major changes in the scope and responsibility of the Brookhaven National Laboratory medical program. For the last 1 years there has been an increasing perception of the critical role that organizational health and radiation education plays in the delicate interface between the Marshallese and the US representatives. Within the last six months, concurrent with the establishment of a new Marshall Islands government there has been a concerted effort by all parties concerned to develop a highly integrated and cooperative effort to serve the medical needs of the Marshallese people. In line with this effort, and considering the projected increase in the study population, a position paper was developed by Brookhaven National Laboratory for US - Department of Energy in December 1978. Since that time, recent developments have necessitated a re-evaluation of personnel needs. The program has been without a resident physician in the island for six months and it is anticipated that a functional replacement will not be available for another six months. The annual surveys have been re-designed

The third service feature, the legal form used depends largely on the nature of the organization and its activities primarily on the size of the organization and its performance.

- 1) to explain the role of each medical/radiation program;
  - 2) discuss openly and freely radiation risks and to put them in an understandable cultural context and in turn to put those risks in relationship with the Marshallese military health risks;
  - 3) such a program will necessitate the close informal and cross-cultural ties necessary to provide effective communication. The plan will be to develop a core of innovative health educators to train Marshallese from the affected atolls. These Marshallese will in turn, train a cadre of Marshallese. The goal of this program is to establish a fully competent and independent Marshallese training group using a Brookhaven National Laboratory health educator as a resource person.
  - 4) with the incremental increase in the population under study (from 2000 to 20000) and characteristics of the current logistic support system, i.e., at present the medical team is limited to 16 shipboard personnel who are able to examine approximately 500 people in a 2 week period, it becomes obvious that multiple field teams must be developed and logistic support must be refined. The new liaisons will therefore involve cooperative efforts with large academic and contractual centers who are able to mount and maintain major field surveys. It is the opinion of a number of experts in this field that the medical programs for the low level radiation groups be university based with a non-nuclear identity. Therefore we have contacted the dean of the medical school at the University of Southern

and the different ways of viewing the world, and the different ways of understanding medicine as a means to health.

The first part of the book consists of a series of short essays on topics such as the history of medicine, the nature of disease, the role of the physician, and the relationship between medicine and society. The second part consists of a series of longer essays on specific medical topics, such as the history of the discovery of penicillin, the development of modern pharmaceuticals, and the future of medicine. The third part consists of a series of short essays on topics such as the history of medicine, the nature of disease, the role of the physician, and the relationship between medicine and society. The fourth part consists of a series of longer essays on specific medical topics, such as the history of the discovery of penicillin, the development of modern pharmaceuticals, and the future of medicine.