

BIOTIC MONITORING

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7. The US - Marshall Islands Compact provides for the provision of medical services to the people of the Marshall Islands and is dependent upon the availability of funds from the US Government. The Compact provides for the provision of medical services to the people of the Marshall Islands and is dependent upon the availability of funds from the US Government. The Compact provides for the provision of medical services to the people of the Marshall Islands and is dependent upon the availability of funds from the US Government.

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8. Staffing - for the last 24 years the medical staff of this program has consisted of 11 full time doctors and 12 full time technicians. Over the last 5 years there have been intermittent resident physicians based in the Marshall Islands, however those visits have, with one notable exception, have frequently provided more problems that help to the PI.

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1. Resident Physician	1.00
2. Resident Technician	1.00
3. Resident Nurse	1.00
4. Resident Pharmacist	1.00
5. Resident Radiologist	1.00
6. Resident Pathologist	1.00
7. Resident Microbiologist	1.00
8. Resident Dentist	1.00
9. Resident Ophthalmologist	1.00
10. Resident Audiologist	1.00
11. Resident Speech Therapist	1.00
12. Resident Physical Therapist	1.00
13. Resident Occupational Therapist	1.00
14. Resident Social Worker	1.00
15. Resident Psychologist	1.00
16. Resident Psychiatrist	1.00
17. Resident Behavioral Scientist	1.00
18. Resident Health Educator	1.00
19. Resident Community Health Worker	1.00
20. Resident Public Health Nurse	1.00
21. Resident Health Assistant	1.00
22. Resident Health Aide	1.00
23. Resident Health Care Worker	1.00
24. Resident Health Care Assistant	1.00
25. Resident Health Care Aide	1.00
26. Resident Health Care Worker	1.00
27. Resident Health Care Assistant	1.00
28. Resident Health Care Aide	1.00
29. Resident Health Care Worker	1.00
30. Resident Health Care Assistant	1.00
31. Resident Health Care Aide	1.00
32. Resident Health Care Worker	1.00
33. Resident Health Care Assistant	1.00
34. Resident Health Care Aide	1.00
35. Resident Health Care Worker	1.00
36. Resident Health Care Assistant	1.00
37. Resident Health Care Aide	1.00
38. Resident Health Care Worker	1.00
39. Resident Health Care Assistant	1.00
40. Resident Health Care Aide	1.00
41. Resident Health Care Worker	1.00
42. Resident Health Care Assistant	1.00
43. Resident Health Care Aide	1.00
44. Resident Health Care Worker	1.00
45. Resident Health Care Assistant	1.00
46. Resident Health Care Aide	1.00
47. Resident Health Care Worker	1.00
48. Resident Health Care Assistant	1.00
49. Resident Health Care Aide	1.00
50. Resident Health Care Worker	1.00

8. Staffing - over the last year there have been major changes in the scope and responsibility of the Brookhaven National Laboratory medical program. For the last 2 years there has been an increasing perception of the critical role that community health and nutrition 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

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The present situation in the Marshall Islands is a complex one. The health care system is in a state of transition. The health care system is being reorganized and the health care workers are being trained. The health care system is being reorganized and the health care workers are being trained. The health care system is being reorganized and the health care workers are being trained.

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- 1) to explain the role of each medical/radiation program
- 2) discuss openly and freely radiation risks and to put them in an understandable individual context and in turn to put those risks in relationship with the Marshallian primary health risks.
- 3) such a program will necessitate the close interrelationships and cross-cultural ties necessary to provide effective communication. The plan will be to develop a cadre 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 "break-tie" National Laboratory health educator as a resource person.
- 4) with the incremental increase in the population under study (from 400 to 2000) 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 teams 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

