

BEST COPY AVAILABLE

ACTION AM/ES

INFO _____

L.A. _____

AIA _____

High Commissioner, T.T. of the Pacific Islands _____ November 29, 1976

District Administrator, Marshalls

AM P & B _____

AM OPN _____

Utirik - Rongelap Medical Agreement


A question has arisen concerning the differences between the provisions of Public Law 5-52, passed in the first regular session of the 5th Congress of Micronesia in 1973, as compared with the provisions of the Agreement between the U.S. Atomic Energy Commission (now ERDA), and the Trust Territory dated November 8, 1974. The Congress of Micronesia in Public Law 5-52 saw fit to provide medical benefits of a rather broad nature to the people of Rongelap and Utirik. The Act further specifies that the medical benefits will be available to the descendants of exposed persons, as defined in the Act. Section 10 of the Act also directed the High Commissioner to seek an Executive Agreement with the AEC to defray the expenses provided by this Act, but, unfortunately, the Agreement referred to above, between AEC and the Trust Territory, limits the medical services only to people on the Roster of the Brookhaven Medical Survey Team and makes no provision for the descendants of those people who were exposed to irradiation.

To our knowledge the Congress of Micronesia, after having passed Public Law 5-52, has provided no funding for carrying out its provisions.

A further reference to Public Law 5-52 and the AEC - T.T. Agreement, referred to above, provides another problem, to wit; Public Law 5-52 provides health services and medical benefits to all of the people of Rongelap and Utirik whereas the Agreement between AEC and the Trust Territory provides only for those people in the control group, referred to above. Therefore, it is necessary for a determination to be made by some medical person or staff as to the nature of the referral for medical treatment as to whether the illness is from effects of irradiation or from other causes. Our question, very simply, is this, who has responsibility for making this determination?

Also, another problem area is that involving dental work. Should Public Law 5-52 be interpreted so as to provide complete dental care, including dentures, or should it be limited to providing those services aimed toward maintaining healthy teeth and gums?

Finally, if the Marshall Islands District is to be required to pay for the medical assistance provided under Public Law 5-52, the Marshall Islands District will have to engage in deficit financing because this program is well beyond our fiscal plan and ability to pay for these services.


 5011426

High Commissioner
November 29, 1976
page - 2

This memorandum is, therefore, to advise you of a situation that is potentially costly to the Marshall Islands District and also to let you know of our problems and our concerns with respect to the implementation of Public Law 5-52.

Oscar de Brun
District Administrator
Marshalls District

cc: Attorney General
HRDA ✓
file

11/29/76
11/29/76

5011427