



United States Department of the Interior

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OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

MAY 17 1979

Honorable Ruth C. Clusen
Assistant Secretary for
Environment
Department of Energy
Washington, D.C. 20545

Dear Ms. Clusen:

Enclosed is a set of the medical forms that Mr. de Brum left with me at the end of our meeting yesterday afternoon. Dr. Victor Bond took a set with him, but I thought you, too, should have a set available to you.

Mr. de Brum said that those forms under Tab "A" are from Utirik people who have been seen by Dr. Conard. They apparently, however, are not listed among the "exposed" people. Tab "B" represents people from several atolls who have some Likiep or Utirik connection (some, apparently, had attended the Catholic school on Likiep). Tab "C" represents Likiep people.

Mr. de Brum stressed that the survey is not complete, the information is still coming in, and he will forward it to us (unclear as to whether you or me, or both).

At least on the surface it would appear that there may be a problem on Likiep, in particular, that goes beyond the normal expected incidence of such medical problems. I believe that a follow-up, systematic medical survey should be made as soon as possible, enlisting the aid of the Marshallese Government informants so as to overcome the possibility of concealing problems or symptoms from the medical survey team, as allegedly happened in the past. The survey should cover Wotje, Mejit, Ailuk, and Utirik, as well, since these islands were also cited as having a high incidence of medical problems and they are within or close to the intermediate fallout contour from the Bravo test. Lib was also mentioned as an island that may be suspect.

A second medical problem was surfaced that needs to be covered. This is the medical monitoring of the people formerly living on Bikini who are not living on Majuro. You will recall the question raised by Mr. Henchi Balos to the effect that the Brookhaven medical team is checking the former Bikini people on Majuro, but not those on Kili. At the time of the move from Bikini, Department of Energy witnesses before the House Appropriations Subcommittee and again at the recent March 22, 1979, hearings, made a firm commitment to provide regular medical monitoring of the former Bikini people. Originally, it was thought all of them would be relocated to Kili. The check scheduled for mid-winter 1978 for the Bikini returnees resident on Kili was not

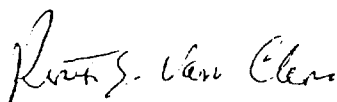
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5011794

carried out because it is virtually impossible to land at that island during the winter months. This is no longer the case since weather conditions ameliorate in the spring and we believe that the former residents of Bikini on Kili must be checked along with those on Majuro. With the Brookhaven medical team now in the Marshalls, it should be possible to do so with a minimum of additional costs.

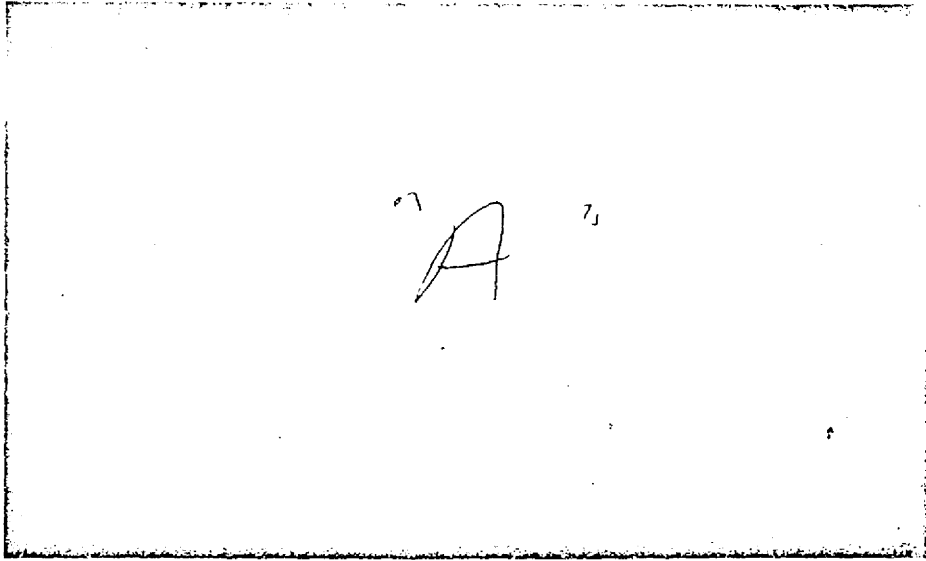
On behalf of Under Secretary Joseph, Deputy Under Secretary Green, and myself, let me thank you and your staff for participating in the meeting. I believe it was on the whole a useful exchange. Your time and concern are greatly appreciated.

Sincerely yours,



Mrs. Ruth G. Van Cleve
Director
Office of Territorial Affairs

Enclosure



5011796

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F

(1921)
Age 58

(20077)

Residence:

1954-1960 - Ailuk
1960-1966
1966-1972
1972-

Short description of symptoms:

Removal of something from throat.

Surgery Yes Year 1977

Have you been receiving treatment for any illness for a period over one year?

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

- Thyroidectomy also - died -

Surgery? _____

(.....) Husband: He referred to Hawaii - Thyroidectomy died '69

Younger brother: - check this one -

Signature _____ Date _____

50 [REDACTED]

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PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

10-

Name _____ Sex F Age _____

Residence:

1954-1960 UTRIK / AILUK
1960-1966
1966-1972
1972-

Short description of symptoms:

Surgery THYROIDECTOMY Year _____

Have you been receiving treatment for any illness for a period over one year?

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

CHILD LOST HAIR
son point died at 30 - thyroidectomy
also

Surgery? _____

Signature _____ Date _____



5011798

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 51

Residence:

1954-1960 - *Ailuk then Uthik*
1960-1966
1966-1972
1972-

Short description of symptoms:

Surgery Thyroidectomy Year 1978

Have you been receiving treatment for any illness for a period over one year?

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

2 relatives - sister & niece.

Surgery? _____

Signature _____ Date _____

 5011799

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 36

Residence: _____
1954-1960 *in Nijit 1954*
1960-1966 *Room in Ailuk - 1942 -*
1966-1972
1972-

Short description of symptoms:

Loss of Hair

Surgery *Dr. Wiens (Thyroid & tonsils?)* Year _____

Have you been receiving treatment for any illness for a period over one year?

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Son also was operated on by Wiens: - Renty

Surgery? _____

Signature _____ Date _____



5011800

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex _____ Age 21

(check chart)

Residence:

1954-1960
1960-1966
1966-1972
1972-

(atril)

Short description of symptoms:

Surgery Thyroidectomy (Dr. Wiens) Year _____

Have you been receiving treatment for any illness for a period over one year?

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Mother:

Surgery? _____

Signature _____ Date _____

5011801

PRIVACY ACT MATERIAL REMOVED

" B "



5011802

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 58

Residence:

- 1954-1960 - Utrik
- 1960-1966 - Uotje
- 1966-1972 - Majuro
- 1972- - Majuro

Short description of symptoms: *Shortness of breath, HEADACHES, nervousness, feeling weak ~~and fainting~~ fainting, lots of sweats followed by fever, difficulty in eating, pain in the throat ~~also~~ during the swelling.*

Surgery (*Suspected thyroid*) _____ Year _____

Have you been receiving treatment for any illness for a period of one year? *Yes*

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? *Yes (My brother is suspected to have the same illness)*

Surgery? *No*

Signature _____ Date 5/16/79



5011803

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 73

Residence:

1954-1960 — Utrik Atoll
1960-1966 — Utrik Atoll
1966-1972 — Utrik Atoll
1972- — Utrik Atoll

Short description of symptoms: *Headache, periodic, 10-15 days, shortness of breath, continuous pain in the throat, always feeling weak.*

(note: been to Hawaii 3x, for same)

Surgery Thyroidectomy Year 1975

Have you been receiving treatment for any illness for a period over one year?

Yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Yes

Surgery? Yes

Signature _____

Date 1/10/79



5011804

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 31

Residence:

1954-1960 - Molokai
1960-1966 - Majuro
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: slowly losing sight,
numbness, headaches,

Surgery _____ Year _____

Have you been receiving treatment for any illness for a period over one year? Yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No

Surgery? No

Signature _____ Date 1/10/79



5011805

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 27

Residence:

1954-1960 - Wotje
1960-1966 - Wotje
1966-1972 - Wotje & Majuro
1972- - Majuro

Short description of symptoms: Nervousness, difficulty in eating, seeing strange things, feeling weak, feverish
(I was in Wotje when the bomb was dropped)

Surgery No Year _____

Have you been receiving treatment for any illness for a period over one year?

Yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Yes

Surgery? No (Daughter also got infected)

Signature _____ Date 5/12/79

 5011806

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 2

Residence:

1954-1960 - Majuro
1960-1966 - Majuro
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: Suspected to have the same symptoms as the father, (She also has a swelling)

Surgery _____ Year _____

Have you been receiving treatment for any illness for a period over one year? No

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? Yes

Surgery? No (Her father)

Signature _____ Date 5/10/77



5011807

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Sex MA Age 42

Residence:

- 1954-1960 - Majuro
- 1960-1965 - Uj
- 1965-1972 - Uj
- 1972- - Uj

Short description of symptoms: pain in the throat, feverish, headaches, nervousness, fainting,

Locality Uj Year 1972

Have you been receiving treatment for any illness for a period of one year? No

Has anyone in your family complained of similar symptoms to the one you are now experiencing? No

Signature? ???

Signature _____ Date 5/10/79



5011808

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 33

Residence:

1954-1960 - Wane Atoll
1960-1966 - Majuro "
1966-1972 - Majuro "
1972- Majuro "

Short description of symptoms:

Headache, Sweating a lot, fainting
Restlessness, Shaking of the hand,
And nervousness.

Surgery Thyroidectomy Year 1963

Have you been receiving treatment for any illness for a period over one year?

I am on thyroid medicine
all my life time.

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Surgery? _____

Signature _____ Date 5/8/79



5011809

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 58

Residence:

1954-1960 - KWAJALEIN
1960-1966 MATJURE
1966-1972 BIATJURE
1972- MATJURE

Short description of symptoms: LOTS OF HEADACHES, FEELING VERY WEAK, FAINTING, NERVOUSNESS, FEELING HUNGRY ALL THE TIME, SLEEPY ALL THE TIME

Surgery THYROIDECTOMY Year 1969

Have you been receiving treatment for any illness for a period over one year? NO

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? NO

Surgery? _____

Signature _____ Date 5/2/79

5011810

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 59

Residence:

- 1954-1960 - MAJURO
- 1960-1966 - MAJURO
- 1966-1972 - MAJURO
- 1972- - MAJURO

Short description of symptoms: ^{HEADACHES} (GREAT PAIN ~~in the HEAD~~), DIZZY HEART,
FEELING VERY WEAK, JOINTS PAIN, NERVOUSNESS,
FAINTING

Surgery Thyroidectomy Year 1976

Have you been receiving treatment for any illness for a period over one year? No

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No

Surgery? _____

Signature _____ Date 5/8/79

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 17

Residence:

1954-1960 — MARJURO
1960-1966 — —
1966-1972 — —
1972- — —

Short description of symptoms: SHORTNESS OF BREATH!
HEADACHES


Surgery Thyroidectomy Year 1975

Have you been receiving treatment for any illness for a period over one year? No.

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No.

Surgery? No

Signature _____ Date 5/2/79

 5011812

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 8

Residence:

1954-1960 - ~~_____~~
1960-1966 - ~~_____~~
1966-1972 - Majuro
1972- Majuro

Short description of symptoms: headache, fever, sweating also,
always feeling hungry, great pain in throat, weakness,
nervousness.

Surgery Thyroidectomy Year 1979

Have you been receiving treatment for any illness for a period over one year? Yes.

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? Yes (THE FATHER)

Surgery? No.

Signature _____ Date 5/9/79

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 19

Residence:

1954-1960 - Wotje
1960-1966 - Wotje
1966-1972 - Wotje
1972- - Wotje and Majuro

Short description of symptoms: difficulty in breathing;

Surgery thyroidectomy Year 1979

Have you been receiving treatment for any illness for a period over one year? No

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? YES

Surgery? Yes (KATE ~~BETHE~~ JUTO) mother

Signature _____ Date 1/9/79



5011814

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 32

Residence:

1954-1960 - Ailinglaplap
1960-1966 - Arad
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: Headaches, feeling weak, fainting,
shaking and nervousness, pain in the throat,
difficulty in sitting.

Surgery _____ Year _____

Have you been receiving treatment for any illness for a period over one year? Yes.

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? Yes

Surgery? Yes (Son) (ref. to fact sheet 80-012)

Signature _____ Date 5/1/71



5011815

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 58

Residence:

1954-1960 - AKR - MATURO
1960-1966 - AKR - MATURO
1966-1972 - AKR - MATURO
1972- - AKR - MATURO

Short description of symptoms: Difficulty in speaking,
Difficulty in swallowing.

Surgery _____ Year _____

Have you been receiving treatment for any illness for a period over one year?
Yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?
No

Surgery? No

Signature _____ Date 1/9/79



5011816

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 7

The mother was - taking in the 1950s

Residence:

- 1954-1960 - Majuro
- 1960-1966 - M. K. M. M.
- 1966-1972 - M. K. M. M.
- 1972- - M. K. M. M.

Short description of symptoms: FEVER, FEELING WEAK
Swelling of throat (mumps type), nervousness
and always feeling hungry. Continuous pain in
the throat.

Surgery ? Not yet Year _____

Have you been receiving treatment for any illness for a period
over one year? Yes

Has anyone in your family complained of similar symptoms to the
ones you are now experiencing? No

Surgery? _____

Signature _____ Date 5/9/79

5011817

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 40

Residence:

1954-1960 - Majuro
1960-1966 Majuro
1966-1972 Majuro
1972- Majuro

Short description of symptoms: Headaches, pain in the throat,
numbness, shaking of the hands, weakness, fainting,
body aches all the time.

Surgery Thyroidectomy Year 1972

Have you been receiving treatment for any illness for a period over one year? Yes - I am still under medication

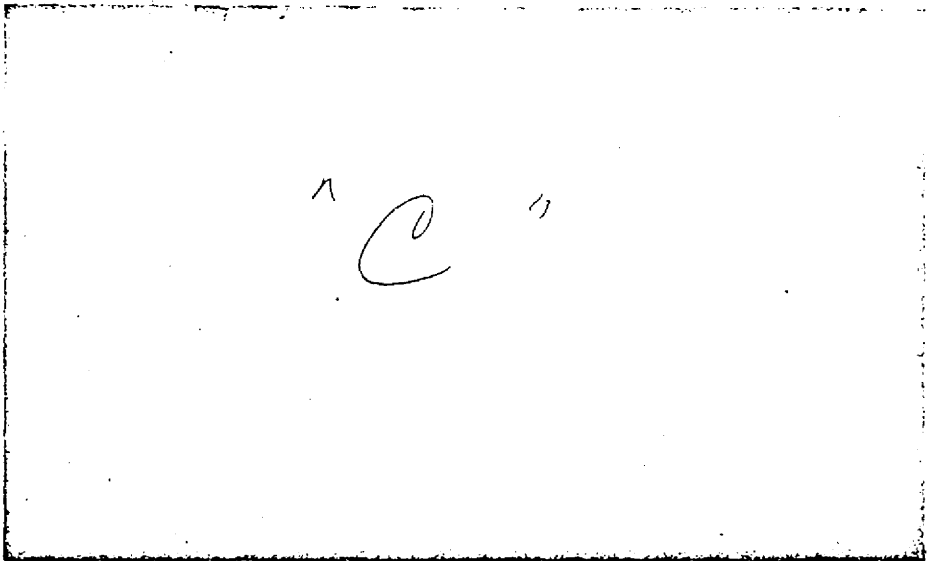
Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No

Surgery? _____

Signature _____ Date 5/9/79

5011818





5011819

PRIVACY ACT MATERIAL REMOVED

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COVLING WSH
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UWWA CO MSMA 146
MAJURO 146 10 2040GMT VIA MTC
RICHARD D. COPA

COVLING
WASH D.C
PLS PASS TO TONY DEBRUM X FOLLOWING IS ADDITIONAL NAMES TO
SPECIAL HEALTH SURVEY LIST RE NORTHERN MARS ILSNANDS X AILUK:

X CABLE ALSO SENT FROM AILUK TO INCLUDE ALL THE PEOPLE THERE
ON HE LIST X MEJIT: NEIJE ELAI.

X LETTER FOLLOWS X POLSTACOM SENDS

1030A EDT
*
COVLING WSH

WU WSH
VIA WUI
0431 05/14*
COVLING WSH

5011820


PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

- 1.
- 2.
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- 7.
- 8.

(RIGHT EAR)

NAMES SENT BY K. DEBRUM THROUGH COMM.

 5011821

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 32

Residence:

- 1954-1960 - _____
- 1960-1966 - _____
- 1966-1972 - _____
- 1972- _____

Short description of symptoms: Continuous pain in the throat.

Surgery _____ Year _____

Have you been receiving treatment for any illness for a period over one year? yes - 40 days

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? yes

Surgery? No

Signature _____ Date 5/2/74



5011822

041

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 4

Residence: LIKIEP, MAJURO AT PRESENT

- 1954-1960
- 1960-1966
- 1966-1972
- 1972-1975

Brief description of symptoms:

CONTINUAL ~~SEE~~ ~~HIFE~~ THROAT INFECTION

Surgery _____ Year _____

Have you been receiving treatment for any illness for a period over one year?

YES, SICKNESS MENTION ABOVE

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

YES, SEVERAL OF THEM

Surgery? _____

Signature _____ Date 5/16/73

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 41

Residence: LIKIEP

- 1954-1960
- 1960-1966
- 1966-1972
- 1972-

Short description of symptoms:

- SORE THROAT
- OFTEN HARDLY HEAR THE VOICE; VOICELESS

Surgery — Year —

Have you been receiving treatment for any illness for a period over one year?

YES, ASTHMA.

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

YES, SEVERAL OF THEM

Surgery? —

Signature _____ Date 5/9/79

5011824

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 27

Residence:

1954-1960 - LIKIEB ATOLL
1960-1966 ✓
1966-1972 ✓
1972-

Short description of symptoms:
HAIRY ACH. NERVOUSNESS, FADING, shortness of breath, sweat at night

Surgery ACHE Year _____

Have you been receiving treatment for any illness for a period over one year? Yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? Yes

Surgery? Acute

Signature [Signature] Date MAY 10, 1979

5011825

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 33

Residence:

1954-1960	<i>Likiep</i>
1960-1966	<i>Majuro</i>
1966-1972	<i>Majuro</i>
1972-	<i>Majuro</i>

Short description of symptoms: *Difficulty in eating, feverish, sore body, headaches, dizziness, nervousness, great pain in the throat,*

Surgery _____ Year _____

Have you been receiving treatment for any illness for a period over one year?

Yes - (hypertension)

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

No

Surgery? *No*

Signature _____ Date 5-10-79



5011826

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

027

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 6

Residence:

1954-1960	<u>Likiep</u>
1960-1966	<u>---</u>
1966-1972	<u>---</u>
1972-	<u>---</u>

Short description of symptoms:

- ① Cough Voice
- ② Loss of voice
- ③ headache + chill
- ④ inflammation of the throat

Surgery None Year _____

Have you been receiving treatment for any illness for a period over one year? yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? yes

Surgery? None

Signature _____ Date 5/10/79

5011827



PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 26 yrs

Residence:

1954-1960	<u>Likiel</u>
1960-1966	<u>Likiel</u>
1966-1972	<u>Likiel</u>
1972-	<u>Likiel</u>

Short description of symptoms:

- ① Cough voice
- ② Loss of voice
- ③ inflammation of pharynx intermittently
- ④ headache - chill

Surgery Not yet Year _____

Have you been receiving treatment for any illness for a period over one year? yes - for pain

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? yes

Surgery? Not yet

Signature _____ Date 5/10/79

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 39

Residence:

1954-1960 - Likiep
1960-1966 - Likiep Majuro
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: FEELING WEAK ALL THE TIME, NERVOUSNESS, fainting, Headaches, continuous pain in the throat, feverish,

Surgery Suspecting thyroid Year _____

Have you been receiving treatment for any illness for a period over one year? ye

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No

Surgery? _____

Signature _____ Date 5/9/79

5011829

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 31

Residence:

1954-1960	- Likiep
1960-1966	Likiep & Majuro
1966-1972	Majuro
1972-	Majuro

Short description of symptoms: FEVERISH, HEADACHES,
Constant swelling of the throat, difficulty in swallowing
food,

Surgery (suspect thyroid) Year _____

Have you been receiving treatment for any illness for a period over one year? yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? yes

Surgery? no

Signature _____ Date 5/9/79

5011830

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 22

Residence:

1954-1960 - Likiep & Majuro
1960-1966 - Majuro
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: FEVERISH, CONSTANT SWELLING OF THE THROAT & FALLING OUT OF HAIRS (bald-spot in the ^{area} forehead), nervousness, continuous pain in the balded-spot in the head - difficulty in eating when it swells.

Surgery _____ Year _____

Have you been receiving treatment for any illness for a period over one year?

Yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

No

Surgery? _____

Signature _____

Date 5/2/79

5011831

one

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 49

Residence:

1954-1960 - Likiep
1960-1966 - Majuro
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: Swelling of the throat, difficulty
in swallowing or eating, Fever, nervousness, coughing a lot
shortness of breath, dizziness

Surgery No. Year _____

Have you been receiving treatment for any illness for a period over one year?

Yes.

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Yes

Surgery? No

Signature _____

Date 5/9/79

5011832



PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 59

Residence:

1954-1960 - Likiep
1960-1966 - Likiep
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: Fever, headaches, shortness of breath, nervousness, feeling weak, fainting, always feeling hungry, sweating, difficulty in eating or speaking, continuous pain in the throat.

^{Not} Surgery (Study is still underway as to what year ~~the~~ cause of the swollen throat)

Have you been receiving treatment for any illness for a period over one year? YES

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No.

Surgery? _____

Signature _____ Date 5/9/79

 5011833

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 13

Residence:

- 1954-1960 - ~~LIKIEP~~
- 1960-1966 - LIKIEP
- 1966-1972 - "
- 1972- - LIKIEP & MAJURO

Short description of symptoms: (Swollen throat) headaches, SWEAT ALOT, difficulty in eating; ~~for~~ continuous pain in the throat -

Surgery Not yet. (but has been continuously treated by the doctors) Year _____

Have you been receiving treatment for any illness for a period over one year? YES

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? NO

Surgery? None

Signature _____ Date 5/9/79

5011834

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 34

Residence:

1954-1960 - LIKIEP
1960-1966 - LIKIEP
1966-1972 - LIKIEP & MAJURO
1972- - MAJURO

Short description of symptoms: GREAT PAIN IN THE THROAT,
DIFFICULTY IN SPEAKING FROM THE PAIN, SHORT BREATH,
FEELING VERY TENSED, FEELING VERY WEAK AS RESULT
OF TENSENESS, NERVOUSNESS, HEADACHES,

Surgery NOT YET Year _____

Have you been receiving treatment for any illness for a period over one year? No.

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? Yes

Surgery? YES, C

Signature _____ Date 5/8/79



5011835

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex Female Age 37

Residence: Likiep

1954-1960
1960-1966
1966-1972
1972-

Short description of symptoms: Hydatiform mold


Surgery Total Hysterectomy Year 1971

Have you been receiving treatment for any illness for a period over one year?

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Surgery? _____

Signature _____ Date 5/10/79

 5011836

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex Male Age 14

Residence: Likiep

1954-1960
1960-1966
1966-1972
1972-

Short description of symptoms: Cleft Palate

Surgery Cleft Palate Correction (Three Times) Year 1968 (Guam Memorial Hospital)

Have you been receiving treatment for any illness for a period over one year?

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Surgery? _____

Signature _____ Date 5/11/79

██████████ 5011837

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____

Sex F

Age 31

Residence:

1954-1960
1960-1966
1966-1972
1972-

- LIKIEP 1956
- MAJURO

Short description of symptoms:

NERVOUSNESS, Headaches

Surgery

THYROID OPERATION

Year

1975

Have you been receiving treatment for any illness for a period over one year?

YES

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

Surgery? _____

Signature _____

Date

MAY 8, 1979

5011838

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

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GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 27

Residence:

1954-1960 - Likiep
1960-1966 - Majuro
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: Claimed to have the same symptoms as her sister. Please refer to fact sheet No. 024.

Surgery Uterus Surgery Year 1976

Have you been receiving treatment for any illness for a period over one year? Yes,

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? yes

Surgery? _____

Signature _____

Date 5/10/79



5011839

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 38

Residence:

1954-1960 - Likiep
1960-1966 - Majuro
1966-1972 - Majuro
1972- - Majuro

Short description of symptoms: PAIN IN THE BACK, SWELLING OF EYES
AND OTHER PARTS OF THE BODY, GREAT HEADACHES, NERVOUSNESS,
GREAT PAIN ABDOMINAL PAIN,

Surgery Uterus Operation (4 times) Year 1974, 1961,

Have you been receiving treatment for any illness for a period
over one year? Yes. ~~SOMEONE~~ GAVE BIRTH
TO STRANGE CREATURES.

Has anyone in your family complained of similar symptoms to the
ones you are now experiencing? YES. (Two sisters)

Surgery? Yes. (same symptoms)

Signature _____ Date 4/10/79

5011840

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex AA Age 44
~~48~~

Residence: LIKIEP

- 1954-1960
- 1960-1966
- 1966-1972
- 1972-

Short description of symptoms:

INTESTINAL CANCER - TUMOR

Surgery YES Year 1979

Have you been receiving treatment for any illness for a period over one year?

No.

Has anyone in your family complained of similar symptoms to the ones you are now experiencing?

YES

Surgery? -

Signature _____ Date 5/10/79

5011841

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 57

Residence:

1954-1960 *Likiep*
1960-1966 *Likiep*
1966-1972 *Likiep*
1972- *Majuro*

Short description of symptoms: *Headaches, nervousness,*
Pain in the throat, pain in the back.

Surgery *Thyroid operation* Year *1979*

Have you been receiving treatment for any illness for a period over one year? *yes -*

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? *no.*

Surgery? _____

Signature _____ Date *5/9/79*

5011842



PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 60

Residence:

- 1954-1960 - LIKIEP
- 1960-1966 - Majuro
- 1966-1972 - Majuro
- 1972- - Majuro

Short description of symptoms: headache endlessly, Great pain in the back, nervousness and feeling weak all the time, tension,

Surgery THYROID OPERATION Year 1979

Have you been receiving treatment for any illness for a period over one year? Yes, (Hypertension)

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No.

Surgery? _____

Signature _____ Date 7/9/79

5011843

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex M Age 13

Residence:

1954-1960 - LIKIEP
1960-1966 " " " "
1966-1972 " " " "
1972- " " " "
 MATURO

Short description of symptoms: SAME AS MOTHER -
REFER TO FACTS SHEET No. 007

Surgery THYROIDECTOMY Year 1979

Have you been receiving treatment for any illness for a period over one year? YES

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? YES (MOTHER)

Surgery? No.

Signature _____ Date 5/8/79

5011844

PRIVACY ACT MATERIAL REMOVED

GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 33

Residence:

1954-1960	LICKIAP ATOLL
1960-1966	in
1966-1972	LICKIAP & MAJURO
1972-	MAJURO

Short description of symptoms: *Headache, feeling weak all the time, fainting, sweating a lot, ~~some~~ nervousness, difficulty in swallowing.*

Surgery THYROID OPERATION Year 1976 & 1977

Have you been receiving treatment for any illness for a period over one year? yes

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No

Surgery? _____

Signature _____ Date 5/8/79

5011845



GOVERNMENT OF THE MARSHALL ISLANDS

Majuro, Marshall Islands
Special Health Survey

Name _____ Sex F Age 31

Residence:

→ 1954-1960 } LIKIEP (?)
1960-1966 } MAJURO ATOLL (
1966-1972 }
1972- }

Short description of symptoms: NERVOUSNESS, FEELING WEAK,
FAINTING, HEADACHE,

Surgery THYROIDECTOMY Year 1975

Have you been receiving treatment for any illness for a period over one year? YES

Has anyone in your family complained of similar symptoms to the ones you are now experiencing? No

Surgery? _____

Signature _____ Date 5/8/79