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MEDICAL DEPARTMENT

April 20, 1967

Dr. H. David Bruner  
Asst. Director for Medicine & Health Research  
Division of Biology and Medicine  
U. S. Atomic Energy Commission  
Washington, 25, D. C.

Dear Dave:

Enclosed is a brief summary report of the recent medical survey of the Rongelap people. These findings must be considered as preliminary material since most of these data have not been completely analyzed yet. We were most pleased with the splendid assistance and support of the Trust Territory in carrying out these examinations. Also gratifying was the fine spirit of friendliness and cooperation on the part of the Rongelap people.

I am making these reports available to Mr. Norwood and the United Nations Trusteeship Council for use in their next meeting if they so desire. I am also sending them copies of the 11 and 12 year BNL report.

Sincerely yours,

*Bob*

Robert A. Conard, M. D.

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Summary Report

1967 Medical Survey of the Rongelap People\*

The following represents a brief summary of the annual medical survey of the people of Rongelap Island carried out in March 1967, 13 years after their accidental exposure to fallout radiation.

The examinations were conducted by four physicians and four technicians from the United States and two practitioners, a photographer and five technicians from the Trust Territory. The examinations were performed at three Marshall islands, about an equal number of people being examined at Rongelap and Ebeye and a smaller number at Majuro. A total of 324 people were examined: 64 people in the exposed group(20 children and 44 adults); 115 unexposed Rongelap people in the comparison population(28 children and 87 adults); 69 children of exposed parents and 76 children of parents in the comparison population. The people were most cooperative and nearly all of those on the examination list, who were available, were examined.

Examinations consisted of medical histories, complete physical examinations including cancer surveys, thyroid and skin examinations, growth and development studies in the children including preparation of dental casts and x-rays of hands and wrists, hematological studies, urine examinations, x-rays and collections of samples of blood plasma and urine for further study in the United States.

The examination of the thyroid was most important in view of recent serious findings related to the gland. Only one new case with a thyroid nodule was discovered. This was in a 17 year old boy who, because he had been away on an outlying atoll, had not been examined for several years. In the most heavily exposed group, this additional case now makes a total of 16 of 19 children(84%) exposed at less than 10 years of age who have developed thyroid pathology. The three remaining apparently unaffected children in this group were exposed at 3, 7 and 8 years of age. One child with a thyroid nodule discovered in March 1966 showed no regression in the size of the nodule. However, it was learned he had been quite negligent in taking his thyroid medication. In both of these cases the nodules were soft in consistency and appeared similar to the other benign adenomatous goiters in the other children. Since these two cases had not received adequate therapy it was decided not to surgically remove their nodules at this time but re-evaluate their cases again after intensive thyroid hormone medication. The finding that 2 other cases who had had thyroid nodules showed significant regression in size of the nodules presumably due to the treatment was encouraging. On the whole the people have been taking their thyroid medication regularly.

All 11 thyroid cases that had been operated upon were found to be in good condition with no further apparent thyroid abnormality. The

\*These surveys are carried out under the auspices of the U.S. Atomic Energy Commission under the direction of Medical Research Center, Brookhaven National Laboratory in conjunction with the Department of Public Health of the Trust Territory of the Pacific Islands.

one case of cancer had been given a thorough examination including x-rays at Tripler General Hospital last summer and no reoccurrence of her disease was found.

The possible correlation of the slight growth retardation in some of the exposed children with thyroid malfunction, and the response of this retardation to thyroid treatment, is of considerable importance. These data are now being analyzed and are not yet available. However, in one boy who was quite stunted in growth, it was apparent that there had been a remarkable spurt in his development since he started treatment with the hormone.

There were no other noteworthy medical findings and no unusual illnesses or disease were noted that could be related to radiation effects. During the past year there were no serious epidemics or diseases and hospital admissions were about the same as noted in previous years. No miscarriages or still births were reported. Two deaths had occurred in older exposed people, one presumably due to cancer. Three older people in the comparison population died during the past year also. The birth rate was about the same as in the past. All new babies were examined, as well as children of the exposed people and comparison population, and were found generally to be healthy. The continued high birth rate in these small islands is a serious problem.

At the end of our examinations a number of routine recommendations for treatment of certain cases was given to the Trust Territory practitioners.

A more detailed report of the findings of this survey will be forthcoming.

Robert A. Conard, M.D.  
Medical Research Center  
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Upton, L. I., N. Y.

April 20, 1967