



MASSACHUSETTS
GENERAL ASSEMBLY
1981

R

410807

BEST COPY AVAILABLE

REPLY REFER TO: 580/172

Robert A. Pircher,
Medical Research Division
Brookhaven National Laboratory
Upton, New York

Dear Sir:

In response to your letter of the 11th instant, I would like to advise you that I was fortunate enough to have available to me the results of a recent study. I noted that the author of the study had written to him for assistance in his work and that he had not responded. However, the author of the study has made available to me

My questions are as follows: 1) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 2) If so, is it true that in fact Rongerik is the only place where Marshalllese Islanders are being exposed to radiation? 3) If I was exposed to radiation at Rongerik, would I be exposed again at Rongerik? 4) If so, what are the problems involved? 5) Do you want to be part of a study on the effects of smoking on the health of nuclear service men being on an island?

And one more question: Are there any other articles I can send you concerning the health of Marshalllese Islanders? I am looking forward to your reply to my efforts.

As I said, Texas was admitted to the study from the enclosed distribution of complaints and information related to an exposure at Rongerik. In reviewing the locally available information, I noted that these Marshalllese, I believe, were examined by their examiners. When I called them, they were not available much with you. I hope I am able to make up for this also. A statement Mr.

Secondly, I am curious about the nuclear service men being on an island. Is it true that there is a radiation incident other than Rongerik? 3) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 4) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 5) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 6) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 7) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 8) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 9) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 10) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 11) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 12) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 13) Is it true that the Marshalllese Islanders are being exposed to radiation at Rongerik? 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Also, could you send me the reprints on the Marshalllese Islanders. I am looking forward to your reply. Thank you in advance for your help.

Very truly yours,

DR. J. PIRCHER, M.D.
Ref., Nuclear Medicine Service

DUE AT

Enc1

Include Zip code in all correspondence. Do not include man's social security number
Show veteran's full name and rank. Do not show Social Security number or birth date
Do not show Social Security number, birth date or rank.

~~DIAGNOSES~~
~~MAXIMUM~~
~~BENIGN~~

~~ADMITTED & LISTED
COA CODE~~

1. Backache
2. Dullness of head
3. Headache
4. Loss of appetite
5. Nausea and vomiting
6. Edema of feet

277
258
274
346
709
793

MR. 32, male, 5' 7", 160 lbs.

REFERRAL AND HISTORY:

Skin biopsy, p.m.

11-13-1970

REACTMATER 4 REMOVED

A29

~~SUMMARY~~
~~DATA PERTINENT TO THIS~~
~~ADMISSION~~

This was the first admission of Mr. J. M. Navaz, 32, to the hospital. He had been seen for evaluation of his backache and dizziness for 1 year. In 1963 he visited all his physicians and the patient was hospitalized at the Bikini Atoll for 1 month due to pain with several other complaints. After three days of hospitalization and three days post-hospitalization he was exposed to radiation. About 1 month later he developed sickness symptoms consisting of dark spots (hives) on his skin, also nocturnal diarrhea and polydipsia. About two years later in 1965 he was admitted to the hospital with oral hypertension and was diagnosed as having hypertension. The patient also had frequent bowel movements as well as dizziness and pain in the left side of the body. The pain of the left leg was described as tingling of the left leg. He avoided foods, especially those containing disturbance of his health. These symptoms were secondary to gout which he believed to be the cause of this reason. He felt that he was unable to afford medical attention. The patient was employed as an electronic technician in the Air Force. He had been exposed to radiation during his time in the service.

Mr. J. M. Navaz was admitted to the hospital for further evaluation of his condition of dizziness, pain in the left side of the body and nocturnal polyuria. His history revealed that he had been admitted to the hospital for a 28-day period from San Antonio, Texas, who was diagnosed as having gout, hypothyroidism, hypertension and symptoms of postural hypotension. He was a member of the Air Force while in service. In 1954, he entered the Air Force and was in charge of atomic bomb testing. He, along with his unit, was exposed to a total of 2,490 rads of radiation while carrying 35 rads of beta radiation. He was noted also to have radiation sickness. In 1963, the patient noted multiple hives, pain in the legs, face and lower extremities. He had nocturnal polyuria, polyuria and polydipsia. He had swelling of his ankles and finger joints. During a period of strain, he was found to have hypertension. The patient had been treated with colchicine for his gout. The patient had pain and recurrences of his gout. He related to the above disorders as well as extreme nervousness, sciatic nerve pain and also complained of numbness and tingling. He also noted intolerance to certain foods, especially those containing caffeine. He also noted disturbance of his health. These symptoms were secondary to gout which he believed to be the cause of this reason. He felt that he was unable to afford medical attention. The patient was employed as an electronic technician in the Air Force. He had been exposed to radiation during his time in the service.

11-3-1970 11-3-1970
10-1000 10-1000
I.S. S. K. NAVAZ, M.D., RESIDENT
MEDICAL SERVICE 11-21-72

1970 HOSPITAL SUMMARY H-
843

Medical Summary, November 24, 1972
Page 21

Clinical

~~CONFIDENTIAL~~
~~PRIVACY ACT MATERIAL REVERSED~~

Hydrogen peroxide social anxiety 2 times a day. Paroxysmal and paroxysmal thyroiditis and adrenocortical disease in the past. Adrenocortical disease present. No other disease. Physical examination: Head and neck: skin clear, pupils react well to changes and they also equal on both sides. Uvula and soft palate normal. Neck - JVP not distended; carotids normal; thyroid barely palpable. Heart revealed PMI impossible to determine. Heart sounds quiet 3 per minute. Heart sounds quiet. Abdomen: abdomen fairly obese, bowel sounds peristalsis normal, boggy prostate. Genital system: normal, peripheral vascular system: normal, peripheral vascular examination revealed left leg painless in the left. Motor system: normal. Gait and speech normal. Skin: skin reveals a few multiple papules and around the neck. The various laboratory studies: Urinalysis - color pale yellow; albumin, sugar, acetone negative; no casts. Culture and sensitivity: Urine examination revealed 10 to 15 white blood cells. Culture and sensitivity revealed colony of *Escherichia coli*, not *Enterococcus*. White blood cells: 15,200, red blood cells: 4,500,000, hemoglobin 15.2, red blood cell count: 14,600,000, platelets 204,000. Electrolytes: potassium 3.9, calcium 9.7, phosphorus 3.7, glucose 102, creatinine 1.0, alkaline phosphatase 100. Urine: uric acid 5.

He did not drink, occasional tobacco a day, Benzedrine four times a week, he had spinal meningitis 10 years ago, diabetes mellitus and hypertension. His history and family history and tonsillitis and sinusitis essentially as presented. He was a well-developed young man, thin, tall, of average weight, coherent and intelligent, good orientation, pulse 88 and regular. Skin: eyes, ears, nose and mouth: skin clear, pupils react well to changes and they also equal on both sides. Uvula and soft palate normal. Neck - JVP not distended; carotids normal; thyroid barely palpable. Heart revealed PMI impossible to determine. Heart sounds quiet 3 per minute. Heart sounds quiet. Abdomen: abdomen fairly obese, bowel sounds peristalsis normal, boggy prostate. Genital system: normal, peripheral vascular system: normal, peripheral vascular examination revealed left leg painless in the left. Motor system: normal. Gait and speech normal. Skin: skin reveals a few multiple papules and around the neck. The various laboratory studies: Urinalysis - color pale yellow; albumin, sugar, acetone negative; no casts. Culture and sensitivity: Urine examination revealed 10 to 15 white blood cells. Culture and sensitivity revealed colony of *Escherichia coli*, not *Enterococcus*. White blood cells: 15,200, red blood cells: 4,500,000, hemoglobin 15.2, red blood cell count: 14,600,000, platelets 204,000. Electrolytes: potassium 3.9, calcium 9.7, phosphorus 3.7, glucose 102, creatinine 1.0, alkaline phosphatase 100. Urine: uric acid 5.

REGISTER NO. 1
REPORT ON or CONTINUATION
REINFORDED FORM NO.
5010-104

LIVE ARCHIVES ~~PRIVACY ACT MATERIAL REVERSED~~

SGOT 48, SGPT 33 and LDH 130. Urine
PTT 33.2 seconds.

ECG showed ST depression 11.4 patient, control 11.5 seconds.
Stool was negative.

As the patient had a palpable pulse, no pulse
takings were sought to confirm sinus rhythm. ECG showed normal sinus
rhythm. Examination showed tenderness of the spine and the abdominal area was
within normal limits. The neurologic examination was
negative. Film of the chest was difficult to interpret.
No carotid pulsations were present. Chest was negative for any findings.
24 hours 16% while at rest and 30% late,
13.7 mg. % . Thyroid scan - thyroid gland
even distribution of the radionuclide.
Signs of denervation of the left tibia and fibula.
Dermatology consultation - case of lentigo
over the body and the genitalia. Endocrinology
consultation evaluated all the patient's values
within normal limits and he could be seen
DBI and was well within normal range.
and back pain was felt especially at the
the level of L-5 and S-1 on the left side.
mollitus; hypothyroidism and gout were
consideration for HMP test and hypothyroidism
was considered. The patient was seen by the ENT Service on
the left side which was reported as a small lesion
on the floor and was seen again by an ENT service and there was no bleeding while
seen. Other tests were performed to his request, but the
patient refused to undergo more tests so he left the hospital before those
tests could be done. Audiologic test done to evaluate his hearing problem was
within normal limits. Skin biopsy of a pigmented lesion of back was reported as
showing lentigo. For his thyroid, DBI 50 milligrams by mouth twice a day and
for his diabetes, diabetic diet. The patient has been seen by Nuclear Medicine and
their consultation was set return at the first visitation, this will be sent when
it is finalized.

With regard to the patient's complaints, many consulta-
tions were done. ECG revealed normal sinus rhythm. X-ray studies done revealed curvature
of the spine and the vertebrae appeared within
normal limits. Oral cholecystogram
abdominal film within normal limits.
Other studies included thyroid uptake 24 hours 16.8 mg.% (control range 5.0 to 10)
thyroid gland to be of normal shape with an
area of minimal evidence of calcification.
Biceps and gastrocnemius muscles.
The patient had freckles and nevi
which are benign. Metabolic and endocrine
studies were done and the thyroid studies - were
done to rule out diabetes which was treated
with insulin for his left lower extremity
problems due to nerve root deficit at
L-5 and S-1. This was due to exogenous obesity; diabetes
was also considered as possible for this also. The con-
sideration of having with other metabolic disorder
was done. The patient was seen by the ENT Service for his hearing problem on
the left side which was reported as a small lesion
on the floor and was seen again by an ENT service and there was no bleeding while
seen. Other tests were performed to his request, but the
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for his diabetes, diabetic diet. The patient has been seen by Nuclear Medicine and
their consultation was set return at the first visitation, this will be sent when
it is finalized.

DOE ARCHIVES

B1212

25 A. ACT MATERIAL REMOVED

Exposure 21
In the off
my radio, how-
ever, when I
run the at
due to the ex-
cation in the
departed us
without any
flying time
midnight time
and so did the
etc., and so I
is regular to
produce which
separators. As
expect a day
we would be

Shot goes off
shook up our
and we get on
on "T" shirts
shoes. But
because I was
second place
radioactive
get to the
bunker and do
evacuation. I
as not to eat
ship radio
failure

At this time the radiation
500 R+, the
area. We do

no lights, no radio
because of the radiation.
Estimate of time about 12 minutes.
Estimate of time about 12 minutes to get to the bunker.
In order we would have to leave
for 12 minutes. At 12:00 p.m. at
They send us a boat and
with the only light available
and fastened them to the boat.
only eye protection
on the way to the bunker.

to find or "search detonation
use that I would set up
the word ship at sea. How-
I think it a good idea to
was of so many delays already
in time. I was promised eva-
cuation time left before 6:00 p.m.
We departed about 3:00 p.m.
about the choppers that were
around the ship. Sometime around
after releasing the choppers
we got back with the choppers etc.,
the from ground "O" with a
was actually "scraped up" to
about three times or almost 50
times all told what to
the ships were close by and

test can be taken. We are all
at 6:00 a.m. the door is opened
note five clothing and I have
into my khaki bermudas and GI
jacket and a pocket dosimeter be-
tween us after leaving bunker
A few dust is falling and highly
radioactive rapidly. Before we can
go outside. We go back in the
bunker, putting a decision for
and they decide to go to sea so
that about 7:00 a.m. no more
dust fall in and thus radio

te of the door was pegged at
about 11" so we sought a "scooter"
driving about 5000.

and the radiation level unknown
the deck one. We were desperate!
duration was three to four hours
time was 18 minutes and cut to
stray (9 of us) to see in what
a walky-talky to call the ships
sheet and was /5, we started at
contacted the ships finally.
radiated unk. We wrapped ourselves
up! We burly wrapped each other
and used our two sheets each and left
the ship. The choppers buzzed the bunker
and abandoned two vehicles and

drive to the Eniwetok Harbor so as not to "run aground" and be stranded! The boat was up and reached the ship about 10:00 p.m. about 5:00 p.m. I had stripped on the plane and was disposed. After a short time I grited corporal. I was a completely naked nude and I lay down. I had no other clothes. I was last to get off the plane. It took about 15 minutes to get off on the first plane. I lay down. Returned to my room and lay down after "O" I slept. I had a severe headache. Very bad. I had a very nausea as I lay down. At 3:00 p.m. the doctor came after he saw me. I told him. He asked if I was taking water shower and the doctor said Eniwetok. "Yes" I replied. "I am not

A check for gamma radiation
A check for alpha radiation
A check for Beta radiation

They send me to the shower. I have a lot of hair. I combed it and washed it to the shower with soap and water. I read about 75 lbs. of soap. I lay down again, letting the water hit my head. I come out clean.

After dressing and a small file which caused more headache, arrrgh! feverish. I was pretty hungry at 6:00 p.m. I miraculously remembered to take a shower.

About two or three hours later I went to linker to receive my gear. I was told the island and was sent to the hospital.

Exposure #2 - I received exposure and find the Bikini radiation (100.0) and the only one hour an hour to ship. I feel ill effects this except for queazy feeling to the head (maybe due to forgetfulness) for that day only.

about three minutes at 40 mph we have a breakdown and become stranded outside at this time. We returned to the ships. It was now dark. I lay on a large canvas pad. We strip and a small stateroom and waited for the ship to walk over an open ocean. And we were salt water shower. After till we read O "gamma". So I re-dressed in my old clothes. I get there after aboard ship. I came from Eniwetok from Bikini. I slept in a corner for my pillow that night. No assignment. On the second day I had a headache, no appetite, constant pain. On the third day after O, I had blurred blurry vision, feverish and I go report for sick call about 10:00 a.m. Commander saw me and asked my problem stated. I told him about the sea sickness. He advised that I go to the sick call. I do this.

and wash and also lose fistfulls of hair. I combed it and washed it to the shower with soap and water. I read about 75 lbs. of soap. I lay down again, letting the water hit my head. I come out clean.

there. I feel real good now. No like I'm well again. In fact I made it almost 6:00 p.m. I have a sick call.

the Commander to return to the ship because they were clearing the

weeks later. Upon arrival I allowed two hours stay. I take ill effects this except for queazy feeling to the head (maybe due to forgetfulness) for that day only.

I am wearing shorts and t-shirt
shorts on 2nd shot at Eniwetok.

this time with T shirt and
shorts. Return to squadron

Exposure 3. I was working in my
working in my work area (about 10
people remained in the area) (about 10
visible) told me to get down and lie
down with our heads downing our caps up
and over our faces. I did this. I heard
that friend who had been to Eniwetok
and the air force had given us a
Eniwetok badge, a white shirt
and shirt fastener. I had goggles
goggles. I did not wear either! This
was the first time I did not wear

the series I was at Eniwetok
and (I skeleton crew) most
about 10 men in our group only
about 5 men in our group only
the beach and lie face
up high and fatigue caps on tight
the heat of the fire ball and
was lying like a film negative
at this time! This shot was across
the beach and we all wore long pants
Only a few people had protective
devices were given to anyone

Exposure 4. At the same time as
Eniwetok shot 1 I was standing in the
shot I was shot 2 I was standing in the
work area (about 10 people) about 10
shot time came and I lay down and
dives for cover and I had time
to look, and a bright orange ball
one sees millions of feet away.
At the same time as shot 3 we were
we were buried in a hole about 10 feet
the weather got very hot about 10 seconds,
seconds, and I laid down and
and this one was a very large
of dynamite and it exploded and my
body being pulled upwards quickly, about
over pressure of the surface air
of series back to shot 1

I intended to go to AEC island in the
from Eniwetok Air Base. This
was about 10 to 30K atom bomb. The
They all said no danger. At
time (about 10 seconds) scrambles outside the door
and unorganized and go to the door
and the large object. Finally someone
they yell "get the hell down!"
an over cloudy overcast day where
they wouldn't melt. And I guess
was a bright orange ball for a few
about the heat of the fire ball
it cracked like a good size charge
in an airplane along with my
danger because of the rapid under-
effects felt at this time. End

I was stationed at Eniwetok Air Base
and being a young girl in the first place
I was getting married in September
in September 1960 and I became
sensitive, flat, and lost the desire
February 1961 I got pregnant
April 1961 I had a baby boy and
abnormalities as a result of radiation.

for months. After return to ZI
was impotent for three months.
all when the spell was broken
say for me! I eat very noise
cured for a long time after.
found baby girl. No defects or
in 1961. Have not seen since!

About 1951-1952 began very slowly progressive debilitation.
neck, face, legs, arms, torso, head, all areas.
Extreme weight loss - 100 lbs in 10 years.
Voracious appetite - 1000 cal. per day.
traction with difficulty - 1953.
Heavy water intake - 1953.
Extreme loss of weight - 1953.
Light headedness - 1953.
Minor memory loss - 1953.
Swelling of ankles and feet - 1953.
Always tired and fatigued - 1953.
Occasional tenesmus - 1953.
November 1963 - sudden onset of fever - 102° F.
in hospital for 10 days. Diagnosed as thyroidism and acute gout while
Cannot digest solid foods - 1953.
August 1964 pain in lower back and right leg, caused by acute lumbar strain. Loss
of partial use of right leg.
Occasional fits of uncontrollable laughter - 1953.
Weight out of control - 1953.
Deterioration of skin, hair, nails - 1953.
Extreme deterioration of skin, hair, nails - 1953.
Occasional loss of balance and tendency to steady tones.
Skin discoloration - 1953.
tiny skin polyps - 1953.
Extreme nervousness - 1953.
Return of loud rales on respiration - 1953.
Atrophy of left arm and legs - 1953.
Poor digestion of solid foods - 1953.

Implications on torso only, then spread to head.
Loss of pigmented hair on top of head.
Loss of control of bladder and bowels.
Loss of sleep (toss and turn to dis-
comfort at night - broken sleep.

DOE ARCHIVES