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TO RUHHDMA/CUTG ENEWETAK MARSHALL ISLANDS INFO ZENIONA DOE COOPDINATOR KWAJALETY //WATT/ RUHGSKK/GOVT MARSHALL ISLANDS MAJURO MI.

RUWTEBE/COR ROONA KISTLANO AFB NM //FCZ// ZEN/COR KMR KWAJALEIN MI //ATTM DO NUTTALL//

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SUBJECT: MED ICAL REFERRALS OF TIPE NON-CONTRACT PERSONNEL THIS IS SPECIFICALLY WITH PEFERENCE TO THE REFERRAL OF

(SEE YOUR POINSTRY MAR. 80 MESSAGE) BUT MORE GENERALLY ON THE TOPIC OF MEDICAL REFERRALS OF ALL TTPI

CITIZENS NOT UNDER CONTRACT AT ENEWETAK TO PROJECT CONTRACTORS.

(1) AGREEMENT NO. HD1102-77157-150 BETWEEN TTPI AND FCDNA EXECUTED ON

DEC 15. 1977. PROVIDES FOR CERTAIN SUPPORT SERVICES.

ITEM 11. MEDICAL, AT PG. 7. DISCUSSES EMERGENCY MEDICAL EVACUATION. THE AGREEMENT STIPULATES THAT IF SERVICES AT

ENEWETAK ARE "DETERMINED I VADEGUATE BY THE HIGOM REP, PATIENTS

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WILL BE MOVED TO ADEQUATE FACILITY ON A PEIMBURSABLE BASIS." (2) THE SETERMINATION OF ADEQUACY OF ENEWETAK'S MEDICAL FACILITY

MUST, OF NECESSITY, RE DETERMINED ON A CASE BY CASE BASIS. THE HEALTH A TO AT JAPTAN IS AUTHOPIZED RY MARSHALL ISLANDS

GOVERNMENT WITH MY CONCURRENCE . TO MAKE SUCH DETERMINATIONS

WITH REGARD TO NOW-CONTRACT TIPL PERSONNEL (IE JAPIAN COMMUNITY PERSONS

PLUS SUPPORTING STAFF AND THEIR DEPENDENTS). THE IMPORTANCE

OF THE DISTINCTION BETWEEN "EMERGENCY" VISA VIS FF21 ROUTINE REFERRAL AND ADEQUACY OF EMEWETAK

MEDICAL FACILITIES IS THEREFORE CRITICAL AND THE PROPER SUBJECT OF JAPTAN HEALTH AID DETERMINATION WHENEVER POSSIBLE.

.. A PATIENT IN YOUR CLINIC FOR SEVERAL (3) THE DEPARTURE OF

DAYS PRIOR TO OUR ARRIVAL AT EMEWETAK. WAS ACCOMPLISHED IN A MANNER WHICH NEITHER CONFORMS TO THE TTPIZECONA AGREEMENT.

NOR TOOK INTO ACCOUNT PRIOR KMR ADVICE OF INABILITY TO TREAT/ EVALUATE FURTHER AND TIPIZMARSHALLS

GOVERNMENT RESPONSIBILITIES AND AUTHORITY. THE ULTIMATE DECISION TO REFER THE PATIENT TO TRIPLER ARMY MEDICAL CENTER FROM KWAJALEIN

BY THE MARSHALL ISLANDS COVERNMENT DOES NOT CHANGE THAT FACT. (4) CONFORMITY WITH APPLICABLE AGREEMENTS HAS REMAINED A GUIDING n F

DETERMINANT IN THE SUCCESS OF THE JOINT ENEWETAK EFFORT. HOWEVER, 5

ADVANCE PLANNING AND COOPDINATION TO ANTICIPATE THE USE OF

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TRANSPORTATION AND OTHER PESOURCES HAS BEEN NO LESS IMPORTANT.

THE DECISION TO AIR EVACUATE AT A TIME FULLY FOUR DAYS

AFTER HOSPITALIZATION 2 DAYS AFTER KMR ADVICE OF MOBILITY

TO FURTHER TREAT/EVALUATE AND 1/2 HOUR AFTER SCHEDULED DEPARTURE

TIME OF A MAC FLIGHT TO KWAJALEIN MAY HAVE BEEN NECESSARY, BUT

CERTAINLY THE WAY IT WAS ACCOMPLISHED WAS NOT. IN CONSIDERING

THE PATIENT FIRST, AND THAT IS NOT DEBATABLE, WE SHOULD ALSO

CONSIDER HOW A PATIENT FEELS WHEN PLACED ON A PLANE WITHOUT

PREPARATION NOR THE OPPORTUNITY TO BO SO MUCH AS PACK A BAG, FIND

A PASSPORT OR TAKE SOME SPENDING MONEY.

(5) I WOULD APPRECIATE YOUR COMMENTS AND SUGGESTIONS ON HOW WE MIGHT

ENSURE THIS SORT OF THING BOES NOT HAPPEN AGAIN.

SCOTT H. STE Œ SENDS

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