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Never let patients be unammomognied when taken out of the Trust Terratory.

Realizing the difficulties imposed by language barrier almost all patients taken to the U.S. for treatment have been accompanied by Marshallese attendants. On about two occassions, for various reasons, this did not occur. The health of these patients, however, was entirely satisfactory for travel unattended and the airline hostesses were most attentive to them. Every effort will be made in the future to have all patients accompanied by Marshalles attendants when traveling outside the Trust Terratory.

Crea te a mechanism for better interaction between doctor and patient.

On completion of the medical examination the doctors have attempted to explain the findings and treatment recommended to each person. This has sometimes been difficult due to unavailability of interpreters at the time. Every effort will be made to imporve this situation in the new expanded medical program being instituted. Though everyone on the Island will have an opportunity to be examined, there will be more medical personnel and interpreters available and there will be an opportunity for personal interviews with each person examined to discuss findings and treatment.

We want the AEC doctors to take care of all our diseases and ailments with the same thoroughness as for thyroid diseases.

While the physicains are on the outer Islands, both at the time of the annual examinations and the quarterly visit by the Resident Physician, every effort will be made to give every patient the best treatment possible. As in the past any disease that develops in an exposed person that appears to be related to radiation exposure may be taken to the U.S. for further diagnosis and treatment as in the case of those with thyroid nodules. Most patients, however, that require hospitalization will be treated in the Trust Terratory hospitals. The AEC Resident Physician will assist the Trust Terratory medical personnel in giving the most thorough treatment possible. If the patient cannot be given the best treatment in the Trust Terratory they will be taken to other hospitals for treatment.

We need some people to come to the Island and thoroughly explain to us what happened in 1954 and what is the present state of radioactive contamination.

First it should be said that there has been continued assessment of the radiological hazards to people living on Rongelap, Utirik and Bikini. Many tests have been and are being made on soil, plants, water and on persons living on the islands by measurement of radiation in individuals and radiation checks of urine. The results indicate that the levels of exposure are so low as not to present a serious threat to their health. In the near future an areal survey for radiation in the northern Marshalls is planned which should give better information on the outlying islands of the atolls. It is also planned to invite several radiological scientists from the International Atomic Energy Agency to carry out an independent evaluation of the radiological situation on these islands at the time of this survey.

With regard to education of the people on these islands about radiation and its effects it is planned that Dr. Jan Nadu, asschentist from India, will visit the islands of Rongelap and Utirik for several weeks on each atoll and carry out an educational program on this subject using illustrated lectures and demon-

strations.

Can we have a better cancer detection program?

It is surprising that a request should be made for a better cancer detection program. This part of the medical examinations of the Rongehap and Utirik people is given the greatest emphasis. Many tests for cancer are carried out at the time of the visits to the islands and also on material brought to the U.S. for study. Some of these tests include in addition to complete physical examination, x-rays and examination of blood, urine and other body secretions. Some of the best medical specialists in the U.S. and Japan have been envolved in the cancer detection program, either participating in the surveys or examining material and giving advice back in the U.S. There is a continuous search for new tests to be added. It is unfortunate that the people are not aware of the extensiveness of the medical program.

. We want the medical supplies for the dispensary brought from AEC on Kwajalein and brought in on the LCU.

If drugs are needed for the dispensary at Rongelap which cannot be furnished by the Trust Terratory an attempt will be made to procure the drugs from the Kwajalein dispensary and bring them in on the LCU.

In March the examinations disrupt the whole village rhythm. It is requested that food for the whole island be furnished for the entire time of the stay of the medical team.

It is admitted that there is sufficient disruption of the village life to affect food gathering and preparation during the examinations to warrant some degree of food subsidization. It is therefore agreed that a reasonable amount of food be furnished the village for the period of the actual examinations. This is usually about 3 days, though the team may be on the island longer.