

U.S. DEPARTMENT OF ENERGY

memorandum

DATE June 30, 1981

REPLY TO
ATTN OF

402857

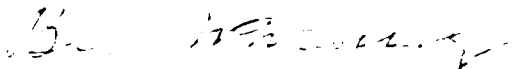
SUBJECT Funding for BNL Medical Program Support
Reference your letters of May 11 and 15, 1981

TO W.J. Stanley, Director, PASO

As indicated previously (TWX of March 24, 1981, Attachment A), \$150K for medical support has been allocated in addition to the budgetary funding level of \$100K. By the same TWX it was indicated that this is a temporary and humanitarian response, should not be interpreted as any obligation or commitment on behalf of the Department, and that assistance from the Department of the Interior (DOI) was being requested. A copy of our letter to Interior is attached (Attachment B), as is a copy of their reply (Attachment C). The Department of the Interior's response to our letter clarifies the policy that they have taken re this matter, and supercedes our previous interim guidance.

In accordance with this guidance, hereafter all Rongelap or Utirik persons presenting with non-radiation diseases should be referred to the Health Services of the Government of the Marshall Islands for disposition as they deem appropriate. Patients from Rongelap and Utirik with radiation-related diseases should continue to be referred as medically indicated. Non-radiation related diseases among those Bikinians removed from Bikini Island in 1978 should be cared for in accordance with the Department of the Interior message of 13 November, 1980, to the High Commissioner (Attachment D). Unusual situations will be reviewed and considered as appropriate.

These policy changes undoubtedly should result in a decrease in the number of referrals for which DOE is financially responsible. Therefore, funding for this effort is expected to be reduced in Fiscal Year 1982 to the previous budgeted level (\$170K).



Bruce W. Wachholz
Office of Operational Safety, EP

cc: w/attachments
E. Cronkite, BNL
W. Adams, BNL
R. Ray, NV
B. L. Hart, DOI

UNCLASSIFIED

Attachment A

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DOE/EV
W. W. BURR, EV-30
GERMANTOWN, MARYLAND

Clear
MAR 24 1981

DOE, BROOKHAVEN NATIONAL LABORATORY
EUGENE CRONKITE, UPTON, NEW YORK

DOE, PACIFIC AREA SUPPORT OFFICE
ROGER RITTMASER, KWAJALEIN, MARSHALL ISLANDS

INFO: DOE, TROY E. WADE, DEPUTY MANAGER, NV00, LAS VEGAS, NV

DOE, ROGER RAY, ASST. PACIFIC OPERATIONS, NV00,
LAS VEGAS, NV

DOE, WILLIAM STANLEY, PACIFIC AREA SUPPORT OFFICE,
HONOLULU, HAWAII

UNCLASSIFIED/NONWD/MARR

FOLLOWING IS GUIDANCE FOR DOE COVERAGE FOR THE REFERRAL TO
HONOLULU OR ELSEWHERE OF RONGELAP AND UTIRIK PATIENTS PRESENTING
WITH A NON-RADIATION RELATED ILLNESS OR DISEASE.

1. REFERRAL TO THE HOSPITAL AT MAJURO AND THE HEALTH SERVICES OF
THE GOVERNMENT OF THE MARSHALL ISLANDS SHOULD BE A ROUTINE
PREREQUISITE FOR ANY REFERRAL ELSEWHERE.
2. ONLY IF THE RESIDENT BNL PHYSICIAN IN THE MARSHALL ISLANDS
AND THE APPROPRIATE PHYSICIAN (M.D.) AT THE MAJURO HOSPITAL AGREE

THAT THE PHYSICAL CONDITION OF THE PATIENT IS OF AN IMMEDIATE LIFE-THREATENING NATURE AND THAT THE RESOURCES IN THE MARSHALL ISLANDS ARE INADEQUATE TO CARE FOR THE PATIENT IS REFERRAL OF THE PATIENT TO HONOLULU OR ELSEWHERE TO BE CONSIDERED.

3. IF THE CIRCUMSTANCES OF (2) ABOVE PREVAIL, THE RESIDENT BNL PHYSICIAN SHOULD INFORM AND CONSULT WITH THE PHYSICIAN PROGRAM MANAGER AT BNL. REFERRAL TO HONOLULU IS AUTHORIZED IF THERE IS AGREEMENT OF THE THREE PHYSICIANS.

4. THE PHYSICIAN PROGRAM MANAGER AT BNL SHOULD CONSULT WITH EV/OHER PROGRAM PHYSICIANS IN THE EVENT OF ANY UNCERTAINTY.

5. THE ABOVE ADDRESSES ROUTINE PROCEDURES AND CANNOT COVER ALL CONTINGENCIES. IT IS RECOGNIZED THAT EMERGENCIES OR SITUATIONS MAY ARISE IN WHICH THE MEDICAL JUDGEMENT OF THE BNL OR DOE PHYSICIAN PRESENT IS THE DETERMINING FACTOR.

6. ALL ELECTIVE SURGERY OR DISEASES OF A LESS THAN IMMEDIATE LIFE-THREATENING NATURE SHOULD BE DEFERRED.

IT MUST BE REALIZED THAT DOE IS NEITHER AUTHORIZED NOR FUNDED TO PROVIDE FOR GENERAL HEALTH CARE AND TREATMENT IN THE MARSHALL ISLANDS, AND THAT, WHILE AGREEING TO COVER MEDICAL NEEDS OF AN IMMEDIATE LIFE-THREATENING NATURE, THIS IS AN INTERIM AND TEMPORARY HUMANITARIAN MEASURE FOR WHICH A LIMITED FINANCIAL

COMMITMENT HAS BEEN MADE; THIS IS NOT AND MUST NOT BE CONSIDERED TO BE A RESPONSIBILITY OF THE DEPARTMENT OF ENERGY. THE FUNDS IDENTIFIED FOR THESE CASES OF NECESSITY DURING THE REMAINDER OF THIS FISCAL YEAR CONSEQUENTLY HAVE AN UPPER LIMIT OF \$150K; IT IS EXPECTED THAT EVERY EFFORT WILL BE MADE TO KEEP EXPENDITURES BELOW THIS TOTAL, AND IT SHOULD BE REALIZED THAT REFERRALS SHOULD BE PRIORITIZED WITH AWARENESS OF FISCAL CONSTRAINTS.



MAR 27 1981

Mr. Billy Lee Hart
 Territorial and International Affairs
 U.S. Department of the Interior
 Washington, D.C. 20240

Dear Mr. Hart:

It is necessary for me to bring to your attention a matter of mutual concern which is becoming increasingly significant, namely, medical costs associated with non-radiation related medical conditions among the Rongelap and Utirik people. This has been the subject of several discussions between our Departments, including a meeting on November 23, 1980, attended by the former Department of Energy Assistant Secretary for Environment and the former Department of the Interior Acting Assistant Secretary for International and Territorial Affairs.

It is my understanding that the Department of the Interior (DOI), through the Government of the Trust Territory of the Pacific Islands (TTPI), is responsible for the general health care of the peoples of these islands, and that such health care is provided to them directly or indirectly through various governmental authorities. With regard to this matter, Congressman Phillip Burton, in commenting upon Public Law 96-205, stated, "At the present time general health care is provided in Micronesia through the Department of the Interior."

Supplemental to the above responsibilities, the Department of the Interior, together with the High Commissioner of the Trust Territory of the Pacific Islands and the people of Bikini, signed an agreement on August 16, 1978, in which the Department of the Interior stated that the medical needs of the people removed from Bikini Island during that month would be met, and that the Department of the Interior would call upon the Department of Energy for assistance. With regard to this specific matter, your office has authorized the High Commissioner to provide for medical expenses associated with diseases or illnesses among the Bikini people which might be detected by Department of Energy contractor physicians.

Similar identification of resources by your office for non-radiation related illnesses and diseases among the peoples of Rongelap and Utirik has not been made, however. This is becoming a significant issue with increasing frequency for several reasons.

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1. Whereas the Brookhaven National Laboratory and contractor physicians heretofore referred Rongelap and Utirik people suffering from non-radiation related diseases to the health authorities of the Trust Territory of the Pacific Islands, the provisions for medical care at Majuro and at Ebeye are such that the physicians question the propriety of using these resources, and therefore feel that, where necessary, proper medical care requires referral of such patients to Honolulu, or, possibly, Guam.

2. Emergency cases from Rongelap and Utirik already referred to Hawaii this fiscal year include a person requiring open heart surgery (\$43,000 in medical expenses and associated costs) and a pregnant diabetic woman (about \$13,000 in medical expenses and associated costs). The need for referral of other persons with non-radiation related medical needs is anticipated, including cases that are pending. Additional cases may be identified during future visits of physicians to Rongelap and Utirik Atolls.

As you know, the Department of Energy (DOE) is required by Public Law 95-134 to assume the costs for the care and treatment of radiation related injury or illness occurring in the Rongelap and Utirik people resulting from the March 1, 1954, atmospheric weapons test conducted at Bikini Atoll. Except for Public Law 95-134 no statute identifies the Department of Energy as being responsible at this time, i.e., prior to the adoption of a health care plan pursuant to Public Law 96-205, for any health care in the Marshall Islands. Public Law 96-205 and its legislative history provide no clear guidance on this point. In any event, funds have not been appropriated to the Department of Energy for the care and treatment of non-radiation related diseases among these people.

Since the Department of Energy has no funds appropriated to address the above issues, since the expenses associated with persons afflicted with non-radiation related illnesses have depleted the present fiscal year funds remaining for the care and treatment of persons with radiation related diseases, and since it appears that the Department of the Interior has legislative and fiscal responsibility for general health care in the Marshall Islands, it would be most helpful if you would provide guidance as to the position which the Department of Energy contract physicians should take with regard to the above. In addition, it may be appropriate that the Department of the Interior make funds available for the non-radiation related illnesses and needs identified above through its legislative authority and resources. Unless assistance is forthcoming in the very near future the Department of Energy will be forced to direct its contract physicians to refrain from referring persons with non-radiation related diseases to Honolulu or elsewhere. Pending resolution of this matter, we have already requested, on an interim basis, a sharp curtailment of these referrals.

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Thank you very much for your immediate consideration of this matter. I look forward to your early response so that we might resolve the issue to the benefit and satisfaction of all concerned.

Sincerely,

Boston House
22
 Alex G. Fremling
 Acting Assistant Secretary for
 Environmental Protection,
 Safety, and Emergency Preparedness

Note: Revised per Mr. Bagley's request. See attached for previous concurrences.

CONCURRENCE
RTG SYMBOL ER-30
INITIALS Wachholz
DATE 3/23/81
RTG SYMBOL OGC-34
INITIALS SGottlie
DATE 3/23/81
RTG SYMBOL
INITIALS HHollist
DATE 3/23/81
RTG SYMBOL
INITIALS WWBurry
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United States Department

Attachment C

OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

APR 16 1981

Honorable Alex G. Fremling
Acting Assistant Secretary for
Environmental Protection,
Safety, and Emergency Preparedness
Department of Energy
Washington, D.C. 20585

Dear Mr. Fremling:

Thank you for your letter of March 27, 1981, on the matter of medical costs associated with non-radiation related medical conditions among the Rongelap and Utirik people.

We realize that this matter has been the subject of several discussions in the past, but unfortunately circumstances are such that resolution to the satisfaction of all concerned does not appear possible until the adoption of a health plan pursuant to Public Law 96-205.

We understand the reasons why the visiting Brookhaven National Laboratory and contractor physicians on the Rongelap and Utirik medical surveys have felt it necessary in the past to refer non-radiation related medical cases to Honolulu. At times there have undoubtedly been emergency conditions that warranted such action. Additionally, the Majuro Hospital obviously did not have the capability to treat certain patients.

The fact remains, however, that the Marshall Islands Government has the responsibility for providing regular medical care to its citizens. The Marshall Islands Government receives approximately \$2 million a year in Federal funds specifically for health services, as part of its annual grant-in-aid from the Office of the High Commissioner. In the FY 82 budget year, the health operation allocation for the Marshall Islands is set at \$2,075,000. Of this amount, \$378,000 is earmarked for outside referral costs. Additionally, the Government of the Marshall Islands appropriates funds from local revenues for medical referral costs, since for the last several years these referral costs often have exceeded \$500,000. There also has been local criticism of the use of the medical referral program, and this led to the establishment

of a Medical Referral Board that now screens and approves all referrals. But the point of major, current importance is that the Marshall Islands Government has funds for outside referral costs. If emergency situations result and the fund is exhausted, additional funds could be made available to this account by reprogramming or by special appropriations of the Marshall Islands Legislature, the Nitijela.

The Majuro Hospital now is run by a medical care contractor. Part of the contract calls for up-grading of medical staff at the Majuro Hospital, and specialized staff is being made available. Conditions are improving at the Majuro Hospital. Obviously, a Rongelapese who requires emergency open-heart surgery would have to be referred to Honolulu, but this also would be the case for any Marshallese individual in a similar condition regardless of residence.

The Bikini situation you cite is unique in that the agreement to provide special medical care was connected with the emergency evacuation of the group of 144 Bikinians from Bikini Island in August of 1978. These individuals believed that they had received contamination by living on Bikini Island, and the agreement was made under these very special circumstances. It did not provide for special medical coverage for Bikinians who were living on Kili Island or elsewhere in the Marshall Islands.

Until a special comprehensive health care program is in effect pursuant to P.L. 96-205, non-radiation related medical cases that require treatment should be referred to the appropriate medical authorities in Majuro. The Medical Review Board there has the authority to refer cases that cannot be treated locally to Honolulu.

Sincerely yours,

(Signed)

Billy Lee Hart
Acting Deputy Assistant
Secretary - Operations
Territorial and International Affairs

06-07-19