

WASHINGTON 2034
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR
MEDICAL SERVICES
ATTENTION: MR. MALEIN ME

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ATTENTION: MEDICAL REFERRALS OF TIRI TO OUTPATIENT SERVICES
THIS IS SPECIFICALLY WITH REFERENCE TO THE REFERRAL OF
PATIENTS (SEE YOUR 24175337 XAF, ET AL) BUT MORE
GENERALLY ON THE TOPIC OF MEDICAL REFERRALS OF ALL TIRI
PATIENTS NOT UNDER CONTRACT AT THE STAY TO PROJECT CONTRACTORS.
(1) AGREEMENT NO. W01172-77157-152 BETWEEN TIRI AND SCOR EXECUTED ON
JUNE 15, 1977, PROVIDES FOR CERTAIN SUPPORT SERVICES.
ITEM 11, MEDICAL, AT PG. 7, DISCUSSES EMERGENCY MEDICAL
EVACUATION. THE AGREEMENT STIPULATES THAT IF SERVICES AT
CONTRACTOR ARE DETERMINED INADEQUATE BY THE HICOM RPP, PATIENTS

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WILL BE MOVED TO ADEQUATE FACILITY ON A REIMBURSABLE BASIS."
 (C) THE DETERMINATION OF ADEQUACY OF ENEWETAK'S MEDICAL FACILITY
 MUST, OF NECESSITY, BE DETERMINED ON A CASE BY CASE BASIS.
 THE HEALTH AID AT JARTAN IS AUTHORIZED, BY MARSHALL ISLANDS
 GOVERNMENT WITH MY CONSENT, TO MAKE SUCH DETERMINATIONS
 WITH REGARD TO NON-CONTRACT ITRI PERSONNEL (IE JARTAN COMMUNITY PERSON-
 NELS, CONTRACT STAFF AND THEIR DEPENDENTS). THE IMPORTANCE
 OF THE DISTRICT BEING AN EXPERIMENTAL AREA HAS
 BEEN RECOGNIZED AND THE LACK OF JARTAN
 MEDICAL FACILITIES IS UNDERSTOOD CRITICAL AND THE PROPOSED SUBJECT
 OF JARTAN HEALTH AND WELFARE DETERMINATION AGREEMENT POSSIBLE.
 (D) THE DEPARTMENT OF THE ARMY PATIENT IN YOUR CLINIC FOR SEVERAL
 DAYS PRIOR TO OUR ARRIVAL AT ENEWETAK, WAS ACCOMPLISHED IN A
 MANNER WHICH WOULD BE SIMILAR TO THE ITRI/ECORNA AGREEMENT.
 WE TOOK INTO ACCOUNT YOUR ADVICE OF INABILITY TO TREAT/
 EVALUATE FURTHER AT ITRI/MARSHALLS
 GOVERNMENT RESPONSIBILITIES AND AUTHORITY. THE ULTIMATE DECISION
 TO TREAT THE PATIENT AT TRIPLE ARMY MEDICAL CENTER FROM KWAJALEIN
 BY THE MARSHALL ISLANDS GOVERNMENT IT DOES NOT CHANGE THAT FACT.
 (E) CONFORMITY WITH APPLICABLE AGREEMENTS HAS REMAINED A GUIDING
 PRINCIPLE IN THE SUPPORT OF THE JOINT ENEWETAK EFFORT. HOWEVER,
 ADVANCE PLANNING AND COORDINATION TO ANTICIPATE THE USE OF

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TRANSPORTATION AND OTHER RESOURCES HAS BEEN NO LESS IMPORTANT.
 THE DECISION TO AIR EVACUATE AT A TIME FULLY FOUR DAYS
 AFTER HOSPITALIZATION 2 DAYS AFTER YOUR 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 DO SO MUCH AS PACK A BAG, FIND
 A PASSPORT OR TAKE SOME SPENDING MONEY.
 (F) I WOULD APPRECIATE YOUR COMMENTS AND SUGGESTIONS ON HOW WE MIGHT
 ENSURE THIS SORT OF THING DOES NOT HAPPEN AGAIN.
 SCOTT M. STEFF SENDS

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