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MEDICAL DEPARTMENT

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April 25, 1974

Dr. James L. Liverman
Director
Division of Biomedical & Environmental Research
U.S. Atomic Energy Commission
Washington, D.C. 20240

BEST COPY AVAILABLE

Dear Dr. Liverman:

Enclosed are copies of letters from Mr. Stanley S. Carpenter to me with letters from Senator Borja of the Congress of Micronesia concerning amendments to the AEC draft agreement concerning the health benefit bill.

I would like to say first that I am not convinced that this bill is the best way of handling the examination compensation problem concerned with our surveys and most of the doctors in our medical team agree. We feel that there will be considerable unrest and dissatisfaction on the part of the people not entitled to the benefits and that the actual payment procedures may defeat the purpose of the bill. It would probably be better to pay the unexposed people on our examination list directly for their examinations at the time of the examination and only include the exposed people in the group to receive hospitalization benefits. Medical care of the unexposed group can then be on the same basis as with other Marshallese through the Trust Territory System. Things have probably gone too far for this suggestion to be acted on.

With regard to the proposed amendments I will like to address myself to the problem of inclusion of benefits to descendants of exposed people as suggested by Senator Borja's committee. I will not comment on other amendments except to say that in #9 I cannot see how accidents can be related to residual radiation and I cannot understand the rationale of #12.

I am not in favor of inclusion of the exposed people in the group receiving benefits for the following reasons:

1. Examination of first generation children of radiation exposed Japanese people have been generally negative and examination of children of Rongelap exposed people has not revealed any recognizable genetically inherited abnormality.

2. My understanding is that the bill was originally designed to compensate the people on our regular examination list with health care, travel reimbursements in turn for their assistance to us in being examined. This would not include the children.

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3. The number of children of Rongelap exposed people is already up to 150 or more. We do not have a listing of children of Utirik exposed people but based on the relative population size as compared with Rongelap this may be as many as 300 or more. This would give us a total of 450 children of exposed at present - not a "very small number" as Senator Borja states. Furthermore, this number is increasing steadily.
4. If this number of children were added to the regular examination list it would increase the time and scope of the survey particularly if unexposed "control" children were added to the list as some might argue it should be done in this case. Also, it should be remembered that the time of the specialist-physicians on our survey is necessarily limited.
5. One might argue that future generations are also susceptible to genetic affects and should be included. This would result in thousands of additional children in a few years.
6. I foresee trouble even with the establishment of our "hard core" control population of 150 Rongelap people. Already people are wanting to be added to that list to receive the benefits. If the children of exposed are added there will probably be further discontent since the parents of unexposed children would want the same benefits for their children.

I believe that we should state that if any children of exposed parents show any genetically inherited radiation-induced abnormality they will be duly compensated.


Perhaps in order to be completely unbiased in this decision we should get the opinions of several well-known human geneticists. If I can be of any further help please let me know.

Sincerely,



Robert A. Conard, M.D.

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Enclosures

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