

August 3, 1970

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John C. Whitnah, Chief  
Program Coordination Branch, DBM

PROVISION OF INTERIM MEDICAL CARE FOR THE RONGELOSE POPULATION

On July 31, 1970, Dr. Robert A. Conard of BNL called to discuss what he considers to be an urgent problem in respect to the exposed group of Rongese natives that he is surveying annually from the medical point of view. Dr. Conard feels that some sort of minimal medical supervision must be provided for the Rongese throughout the interim periods between medical surveys. No such provision has heretofore been made.

According to Dr. Conard, the main reason for this need is that many of the exposed individuals have severely damaged thyroids and require regular medication if they are to remain in good health. Although the thyroid preparation used for this purpose is available to the Rongese and is easily taken via the oral route, effective maintenance requires the supervision of an individual with some medical competence. Dr. Conard feels it is also desirable to have a medically-trained person check on the general health of the Rongese at frequent intervals and to keep records on deaths that may occur. On past occasions where deaths have occurred during the interim period, it has been impossible to obtain reliable information regarding causes of death or the nature of terminal illnesses that may have existed.

Officials of the Trust Territory have informed Dr. Conard that they could make available a medically-trained person (nurse or medical aide) to handle an interim medical care program providing that AEC funds were available to cover the cost of such an activity. It is estimated that \$5,000 would be sufficient for this purpose and Dr. Conard has requested that this amount be made available by DBM through the Nevada Operations Office.

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John C. Whitnah

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As I interpret the situation, Dr. Conard's request is based on both humanitarian and practical considerations, the latter being concerned with improving record keeping in order to improve the quality of the medical study. In my opinion, this request is appropriate and the \$5,000 should be provided for the interim medical care program. If necessary, this should be done by increasing our allocation of funds to NVOO.

Martin L. Minthorn, Jr.  
Biochemist, Medical Research Branch  
Division of Biology and Medicine

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