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402056

MAR 1 1979

REPOSITORY DOE/PASO  
COLLECTION DOE/NV  
BOX No. 1236  
BNL FOLDER #3  
FOLDER FY 1979  
MEDICAL PROGRAM

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TRIP REPORT ON BNL/DOE MISSION TO RONGELAP AND UTIRIK ATOLLS  
JANUARY 26 - FEBRUARY 16, 1979

#### BACKGROUND

This was the first mission undertaken with the support vessel Liktanur II, owned and operated by U.S. Oceanography, under contract to Holmes & Narver under contract 20.

I was to participate on this mission as the DOE Representative and to interface with U.S. Oceanography to insure that all necessary support was provided for the medical program. My assignment was coordinated with and concurred in by Mr. Gates, Mr. Ray and Dr. Weyzen.

#### KWAJALEIN PREPARATIONS

When I arrived on Kwajalein I was met by Dr. Pratt who told me that it was necessary to meet as soon as possible because of many problems which had turned up.

I met with Dr. Pratt and he told me there was an undercurrent running throughout Kwajalein that was anti-DOE. The three Global employees who worked on the old LCU were angry and that he was shown a cable from Huntsville that our vessel was to get service on an "as available" basis. Dr. Pratt interpreted this to mean that we would get very little assistance from Global. He also told me that the people of Rongelap were very angry at Dr. Grant for the treatment of the baby who died during the Wheeling trip. Also that people of Utirik were angry about the lack of physicals for non-exposed people and because of per diem problems surrounding PL 5-52. He also said that he wanted Paul LaPointe, a Global employee who served on the Liktanur I, to go on the mission because the people of the islands really liked him and that he had already heard rumblings that the islanders were upset because the old crew was not part of the upcoming mission. I told Dr. Pratt that this whole issue was carefully considered and after discussions

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with Bill Stanley and Roger Ray it was recommended we take Reynold DeBrum, a Marshallese, as our pilot and DOE translator because of the fact that we are no longer using dedicated Global personnel, costs, Mr. DeBrum's language ability, and our wish to involve more Marshallese with the program. Dr. Pratt really got upset at this point, and said that he was tired of Roger Ray butting in his business and this would all be settled at the Washington level. I reiterated the budgetary problems and told Dr. Pratt that if LaPointe went as part of the medical team it would have to be under a separate arrangement between Brookhaven, Global/KMR.

He also told me he was going to fire Dr. Grant, but wanted to take him on this mission to be there if problems arose over the baby's death.

Dr. Pratt also told me that the Ebeye people were very upset over the per diem problems and that he had set up a meeting for me with them on Ebeye on Monday night.

He expressed pessimism throughout the conversation on U.S. Oceanography's being able to fully support him without Paul LaPointe.

It was obvious that Dr. Pratt and Chuck Otterman had some communications problems and Dr. Pratt became terse with Mr. Otterman and spoke to him only when absolutely necessary.

On Saturday, the 27th, Otterman and I took a whaler out to meet the Liktanur II which docked at 8:15am. Global had no shoreside power ready and obviously there was very little effort by KMR/Global to ready the dock space. Mr. Otterman and I met with Global's Marine Department personnel and got satisfactory berthing but no power hookup until the following Monday. Saturday was spent helping with the ship's offloading so that we could get the mission started as early as possible.

On Sunday I met with Dr. Pratt at breakfast in the messhall. He was very bitter and said: 1) That there was an undercurrent throughout the whole island against Otterman, 2) He resented Otterman's attitude that he can buy people with beer and dollars, 3) Global was prepared to do nothing for Otterman, 4) He resented the fact that Otterman asked that none of the medical team visit the boat on its day of arrival, Saturday.

I tried to explain to Dr. Pratt that Otterman did not want anyone on the ship on Saturday because the crew was tired, the ship was jammed with equipment, and they were working hard to unload everything that first day. This didn't seem to make an impression on him.

I then took him to the boat where Otterman showed him around, then had a cordial discussion on schedules and logistics surrounding getting people on and off the vessel. Dr. Pratt seemed pleased with the condition of the boat. Otterman and I told Dr. Pratt that the two barges were not ready since his schedule and the weather precluded putting up the steel work in Honolulu to carry them. The barges were sent to Kwajalein via Matson with the anticipation that the Liktanur II could get to Kwajalein in time to fabricate the steel work. Gale warnings held up the ship. This did not make Dr. Pratt happy but generally the meeting was productive.

I then was informed by the District Administrator that Reynold DeBrum was sent to Honolulu on a medical referral, but he felt he could get us a substitute as pilot.

I then took Otterman to meet with Global's Resident Manager, Don McAfee, and Tom Evans, the Director of Transportation. We learned that the power was being hooked up immediately and the meeting was extremely cordial. This was followed by a similar meeting with the Base Commander who also was as helpful as anyone could reasonably expect.

I then met with the Distad and Scott Stege and urged them to pay off old per diem claims under PL 5-52 and submit the invoice to us. This urging was on the basis that we had offered to pay claims up to \$45,000 and TTPI had accepted this offer. They thought this was a good idea. One problem is that Ebeye claims could not be properly documented. Stege said it would help to have a letter from us stating that we agreed to pay claims based on their best efforts to reconstruct.

Prior to the Monday meeting with the Ebeye people I met with Dr. Pratt, Bill Scott, and Peter Heotis in the medical trailer on Ebeye. Dr. Pratt told me that he approved the use of the Egabrag on the basis of Otterman's presentation showing the use of barges to keep people high and dry. I told him again that due to bad weather in Honolulu that DOE and H&N decided to send the barges to Kwajalein via Matson and that U.S. Oceanography could fabricate the carrying structure on Kwajalein. Bad weather set us behind schedule and I didn't think we could meet his time frame and that we should try to get the people on and off the island with whalers. (Earlier Otterman had told us that it could take up to 14 days to prepare the barges and fabricate the carrying structure.) He said that the ship wasn't going unless the barges were on. We were both very angry at this point and agreed to talk about it the next day.

Record of Ebeye Meeting, January 29, 1979

The meeting was attended by about 60 people with Dr. John Iaman and Sato Mayai acting as translators. Scott Stege introduced Dr. Pratt, me, and himself. I described the DOE/TTPI agreement on Rongelap and Utirik and told them that their claims would be paid when TTPI got their paperwork to us.

Q. The man next to you has 3 years to live Has not been paid for 5 months. Why?

A. HUB: We will pay as soon as we get the claim.

Pratt: Thanked everybody for coming. BNL has only the medical responsibility to do the very best job. DOE is the one to address for money problems. HUB has worked hard to get the money and he needs claims documents. Dr. Pratt then gave an explanation of U.S. Government structure, stressing that BNL was only a small part of it. Then HUB: Distad and Mr. Stege are very aware the need to get the documents and will work hard to produce them.

Scott Stege: All people who were told that there was no money should go to the District Finance Office and make a claim. Exposed or controlled persons are entitled to \$9.00 a day, transportation, and meals on the ship.

The money that Trust Territory pays under this agreement is reimbursed by DOE. The reimbursement process is hampered to date with inadequate records.

Q. Donald Matthew, Utirik Councilman: Why did it take DOE this long to find out that we didn't get the money?

A. HUB: We found out through Judy Knapp and rather accidentally on a trip that I took to Majuro.

Q. Doesn't like the word accident. That means neglect. Why didn't you know we hadn't been paid.

A. HUB: Sorry if the word accident is offensive to you but the DOE agreement is to reimburse the Trust Territory the money that they pay out. We will do this but we can't do it until we find out what their payments were.

Q. Are you saying that our local government failed.

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A. Scott Stege: Somebody failed but it will serve no purpose to look for people to blame, rather we are meeting now to see that this works better in the future.

Q. What about the Americans and Japanese who were fallout victims in 1954?

A. Hugh Pratt: Military people went to Tripler for exams, then went back to work. They and others who worked with atomic energy are being monitored. BNL does not do this monitoring rather, DOD does. The Japanese government is monitoring the Japanese victims and reports they are doing well.

Q. We heard that the Japanese government got \$3 million for 26 people and he is not satisfied with U.S. compensation.

A. Pratt: BNL has nothing to do with U.S. compensation.

Q. What about children of exposed persons? They are not included in compensation and my granddaughter has a thyroid nodule.

A. Pratt: Science has indicated so far that radiation problems are not transmitted by parents. Even non-irradiated people have nodules.

Q. Why do only the people of Rongelap and Utirik have so many thyroid problems?

A. Pratt: The problems are worldwide. BNL is asking to look at thyroids from all other islands from the Marshalls.

Q. Why only a few people are given \$25,000?

A. Pratt: Can't answer specifically why U.S. Congress chose to do it this way but that probably payments were set up to compensate in some way the people who actually lost something. This probably why all the people did not get \$25,000.

Q. I know people who died or were operated on and not compensated.

A. Pratt: Give us the names of these people. BNL gives its findings to the Department of Interior with recommendation for compensation. Do not know of any thyroids that have not been compensated.

Q. How do I know you are telling the truth.

- A. Pratt: We will open our records to any experts in the world you choose.
- Q. I heard that if the Japanese exposed person died that no matter what they die of it is automatically classified as radiation related and compensated for.
- A. Pratt: Relatively few things are related to radiation and the Japanese checked BNL's reports and found them valid. There are a minority of scientists, Japanese or otherwise, who attribute all illness in an exposed person to radiation.
- Q. What about housing for the patients that come in from Rongelap and Utirik?
- A. Stege: Law says there is free housing to be provided.
- Q. Where is the free housing?
- A. Stege: There is a big housing problem in Ebeye and Majuro. the law says the Marshalls government should provide housing but seems there is no housing. You are given a choice of the hospital floor or staying with relatives.
- Q. Can \$20,000 be provided to build housing?
- A. HUB: In light of the new agreement that is being developed I will see whether there is a way DOE can assist the Trust Territory government with this problem.
- Q. We were not exposed but I eat food sent to me from my relatives on Rongelap. Should I be compensated? Am I hurt?
- A. HUB: Dr. Pratt certainly can and will examine you if you desire. Also the reason for the Radiation Survey was in part to provide answers to questions like this. DOE will issue a written translated report in the Fall and it will be delivered to each island or atoll surveyed. There are no diet restrictions on Utirik or southern Rongelap but it is suggested that food gathering on northern islands of Rongelap still be restricted.
- Q. Dr. Knudsen gave pills to my mother and she died like a killed chicken.
- A. Pratt: This is a very serious accusation. (Dr. Pratt then asked the question, "If Rongelap and Utirik had not been irradiated would anybody die?")

Q. We brought our child for medical treatment and she didn't get free treatment like we get.

A. PL 5-52 says descendents are covered but the agreement between DOE and TTPI does not cover them. PL 7-116 affords them coverage if future medical findings so dictate.

Pratt: We didn't even see thyroids for 10 years. It takes time to find these things. If we find things down the road they will be compensated.

Q. There is too much confusion with the TT law and the agreement. Why not forget the Congress of Micronesia (COM) law because COM has already collapsed.

A. HUB: Even if the TT law "collapses" the DOE agreement will not, and when the Marshalls separate DOE is prepared to enter into a new agreement with the new government.

Q. Maybe you should stop examining us until you decide to include our kids in compensation.

A. HUB: Personally I think it would not be a good idea to not receive the medical care and checkups. BNL is looking very hard and if ever there is any evidence that there is a problem with the kids it is guaranteed they will be included.

Q. How can you tell if the kids have a problem unless you examine them.

A. Pratt: We plan to conduct blood tests in the future and have in past which will show up any problems.

Q. If children are referred to Tripler, or Majuro or Ebeye, do they get per diem.

A. HUB: No, but TT will send them and if they can't afford to pay they don't have to. If the mother or relative goes as an escort she gets per diem in Honolulu.

Q. Thank you for meeting with us although we are not completely satisfied. Our body has been used for study. Someday I hope our bodies will be given back to us and buried on our own soil.

I then closed the meeting with our thanks for the fine attendance, stating that we understood and shared their problems and that DOE and Brookhaven are working very hard to solve them. The DOE is committed to keep working on the problems created by this accident and will fully meet its responsibilities.

On Tuesday, January 30, Chuck Otterman, Hugh Pratt and I met at 11:00a to continue discussions. Pratt said that when we met in Bill Stanley's office on January 8 there was no mention that the barges were not on the vessel. I said that we still felt we could get the barges and the Liktanur II to Kwajalein soon enough to mount them. The barges went to Kwajalein all in good time but the Liktanur II was delayed because of bad weather. We are now in a situation not of our own making, where it will take about 14 days to prepare and mount the barges. Otterman then brought up the concept of building a raft and basing it as a platform under the gangway of the ship.

Pratt said that a 2-week delay would cause a scrub of the mission because of both the TT and U.S. doctors' commitments. Pratt was very upset and asked me to sign a piece of paper whereby I would take personal responsibility for the safety of the patients. I told him that that was an absurd request and had no relevance to our discussion about getting people on and off the ship and we should calm down and return to a rational discussion of options and alternatives. I then suggested to both Otterman and Pratt that it was my recommendation as DOE Representative that we target to leave as close to Friday, February 2, schedule as possible, and we should use the raft concept. I noted that even though we were obviously having problems among the three of us that we should keep cool and we should keep close communications since we were all working to have a safe and productive mission for the people of Rongelap and Utirik. We agreed to meet again at 5:00p.

I then went to Don McAfee and told him that our pilot was sick and asked if Global would be willing to make Paul LaPointe available for the trip were he to be interested. Don said he would check with his Oakland office and with COL Reeve because of potential insurance problems, etc. I saw LaPointe on the way to the ship and told him that, but he said that he was not interested because DOE was not fair to him after they had worked so hard for DOE. I told him I respected his views and left.

At 5:00pm I met with Dr. Pratt, Bill Scott, Mr. Otterman, and Jan Kocian of U.S. Oceanography. The discussions were very cordial. Otterman suggested cutting off his gangway and building a raft under it as a stable platform. Hugh Pratt liked the idea and also wanted something for the beach. We agreed we should keep trying for a Friday departure. Bill Scott's experience was a big help at this meeting. We had repeatedly been told by Dr. Pratt of the dangerous surf conditions at the islands. When Scott arrived we learned (and confirmed later by experience at the worst time of year) that there is a small chop in the trades and it presents no problem.



The next day was spent by all doing backbreaking work. The crew ended up carting most of the BNL gift food aboard. After talking to Dr. Iaman I decided he would be our "pilot". Both he and Kalmen Gideon knew Utirik well enough that there would be no problem. (I did find out that Global would allow an employee to come with us if needed.)

The last day before leaving was one of frenzy. We put on board chairs for patients, tables, and an additional 16" freezer, all of the bunks were welded into place. The x-ray was working, the crew's food and gift foods were on. I talked with Dr. Pratt at lunch and asked if he had any last minute problems or needs. He said "No" then asked me if I had a copy of the contract with U.S. Oceanography. The crew was working very hard, and the raft they built is very efficient and proved invaluable during the course of the trip.

We left at 7:40am on Friday, which was right on target and the result of well planned and executed work by U.S. Oceanography. The trip to Rongelap took 17-1/2 hours and we had winds and high seas all the way. No one had much sleep. The wind was 25 knots in the lagoon at Rongelap. Hugh Pratt said that he didn't sleep at all because the air conditioner over his bed was condensing and leaking. He also said that there were not enough mirrors on the ship and noted that the LCU had cut the corner coming into Rongelap instead of going one mile off as Otterman did. He also was very put out that when he caught a fish it had to be cleaned by members of his medical team and not by the crew "like the LCU crew always did". I didn't even reply; the whole crew was hard at work securing items in rough pitch and roll seas. It was hard enough just to stand up.

I then overheard Dr. Pratt tell Dr. Grant about the strange relationship on board whereby he had to go through Harry Brown to get something from the Captain. A bit later when we were alone I told him that the communications situation seemed to have evolved this way but I certainly was open to suggestion and that we could modify it any way he liked. He said "No, it is working okay this way". I told him that I was well aware that it was awkward to communicate formally through this chain with such a small group of people and suggested we three establish a regular dialogue. He said "No". He said that "This is the way Stanley seemed to want it". I again stressed that I was completely flexible.

It was obvious that with his personal attitude we were in for a long trip, but the other members of the medical team seemed delighted with the whole experience. U.S. Oceanography so far had done everything asked of them, and more. The Liktanur II was anchored about 100 yards offshore, and Dr. Pratt and I went ashore on a whaler at 11:30

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and picked up Magistrate Nickatemus, Edward a teacher, Alex and two other men. I showed them around the boat and they seemed to like it very much and they joined us for lunch.

RONGELAP

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Record of Rongelap Meeting, February 4, 1979

40 adults, 30 children.

The meeting was opened with a prayer and then Dr. Pratt greeted the people and had the Magistrate read a letter from Dr. Conard. It was a little embarrassing because parts of the letter were obviously confusing to the Magistrate and the translation may have been poor. Dr. Pratt then introduced everybody and explained the structure of the U.S. Government to the people, showing relationship between DOE and BNL. Note: Dr. Pratt taped this meeting.

Q. Why doesn't health money come from DOE.

A. Pratt: DOI is charged with general health care. There was a terrible accident in 1954 and since AEC was responsible, now DOE is responsible for providing health care for effected people.

Q. Why doesn't DOE fund all medical treatment for Rongelap and Utirik?

A. Pratt: We are discussing in Washington the possibility of doing more but the U.S. Congress must be convinced.

Q. Many people feel that DOE should bring medicine directly to Rongelap.

A. Pratt: I am trying to do that but Congress must help us. Dr. Conard did expand the program through DOE funded by Congress.

Magistrate: We want more help from DOE.

Q. Why aren't eyes and teeth covered under DOE/TT agreement. I heard over the news that the people's teeth on Rongelap were worse than on others.

A. Pratt: News is inaccurate.

Q. Who is covered?

A. HUB: I explained coverage and told the people that the DOE was asking Brookhaven to O.K. all borderline cases for referral to be covered by per diem.

Q. Why wasn't DOE providing all treatment?

A. HUB: We did expand medical care starting in 1977 and the U.S. will never walk away from its responsibilities. Now the U.S. is discussing a new and better agreement with the TT for the people of Rongelap and Utirik.

- Q. What about money for double thyroid operations.
- A. Pratt: Good question; being discussed now in Washington. My personal recommendation will be for double payments.
- Q. I am a controlled person. Can I get money for all the tests they have done on me?
- A. Pratt: These tests show many things and if they are radiation problems we will treat them. We will also treat non-radiated people. In the U.S. people pay a lot of money for these tests.
- Q. What about children who are growing up . . . ?
- A. Pratt: These children don't have I.D. cards because experts think their exposure will not warrant it but all children will be examined in May or June.
- Q. Many children who were not on the island during the explosion but enjoying the benefit of an I.D. card, also many adults.
- A. Pratt: Explained who is eligible.

Many questions have not been written because I was answering, but Hugh Pratt taped all.

I then spent much time on Wheeling survey matters, i.e., the report will come in the Fall followed by an interpretation by DOE. Also on the question of crabs/diet I stated that it was embarrassing to me that the people were given several sets of advice but were promised that the DOE would put final recommendations in writing as soon as possible after the Fall of the year. I also stated that DOE fully recognizes and will continue to meet all of its responsibilities arising from the testing era.

On Monday, February 5, all was calm upon awakening and the medical team began setting up. The crew started bolting and welding the two separate rafts together. Dr. Pratt asked why the rafts were not set up the previous night while we were ashore at the meeting. The meeting hadn't started until 5:15pm and the crew had worked late loading and unloading gift food and had cleaned up and eaten dinner. The medical team was ready to go about 9:30am and the rafts about 10:00a. The first patients were aboard about 10:30. We had 28 patients aboard by 2:30p. It was decided that they would take no more that day.

About 1:30p Mr. Otterman, John Kocian and I went on the beach. Otterman gave out two small pieces of bubblegum and a small lollipop to about 40 children and we generally had fun with the children throwing around a ball and taking pictures. Then we brought 5 gallons of lemonade on shore which was quite a hit on a hot day.

At 3:00p while I was talking to the Magistrate on shore Dr. Pratt came walking down the road and asked who authorized giving away of chewing gum. I said that I was involved in it and asked why. He said that medically this was bad because of the great amount of diabetes on the island. I asked him why then when we served the Marshallese patients lunch aboard ship, were they allowed to drink sugared kool-aid. I was surprised when he said he didn't know the Marshallese were going to eat with us. All this after he made a special point of telling Otterman and me that it was not good to eat in front of patients and they were to be included in the lunch. Also in the meeting with the people I had given affirmative response to the request from one lady that those persons leaving Rongelap on the TT vessel Micro Chief could eat on board. I then told Dr. Pratt that I was confused with the contradictory verbal orders and I wanted his requests on this matter in writing. His letter to me is attached. I also told him that I didn't understand that when everybody was working so hard to achieve a successful mission he felt constrained to nitpick everybody to death. He said that he wasn't nitpicking but was only asking for sound things for the medical program. He was extremely upset and said "it would all be thrashed out in Burr's office". Relations were strained nearly to the breaking point by that time. I did tell him that in spite

of our blow ups, I and everybody else would provide every bit of support possible at his request. He then told me that by giving the children the chewing gum we had already caused big problems to the medical team because the medical team had agreed that there would be no sugar in the gift food and that they would discourage its heavy use on the island.

My personal view is that a good deal of rapport was built up during the day. I personally rode the whaler back and forth all day, helped load and unload people and coordinated with the Magistrate. The whaler to platform system worked beautifully.

BNL and the crew took ashore drinks, fruit, crackers, etc. and BNL hosted a party outside the church. It seemed to be enjoyed by all. We returned to the ship about 9pm. I then by chance came into a small social gathering of BNL personnel and was told that Dr. Pratt forbade any of them to have further discussions with me. They also told me that he seemed to feel under a great deal of pressure in taking over from Dr. Conard. They were at their wits end and unhappy with all the tensions on board. I promised them that since my presence on board was obviously part of the problem that I would approach Pratt and renew my efforts to reestablish a better relationship.

To put a cap on the evening Otterman told me later that he had talked the situation over with his Vice President, John Kocian, and he was prepared to sail back to Kwajalein after the completion of Rongelap, call his attorney and bail out if things didn't change. He and his crew felt that they had been working hard for the program, established excellent aloha with everyone on the medical team except Dr. Pratt. They felt they can do nothing right in his eyes. Otterman wanted to force the issue with Pratt in this manner. I told him that while this would certainly force something, I hoped he wouldn't do it as we owe many people, most of all the people of Utirik, the services of the medical team which they are waiting for. I told him also that for 12 more days all of us should do all in our power to support the program and submerge our personalities to the greatest extent possible.

About 11pm last night the Nicoloffs, Dr. Dekle, Doug Clareus, and some crew shot some flares into the air for the children. They also fired the cannon. We checked first with Dr. J. Iaman who allowed as how he thought the people would enjoy it. This was confirmed the next day. The people were very disappointed that we brought no movies. PASO was not turned on to this but we certainly must correct this next time.

I went to the beach at 8:15a on Tuesday and got a large patient flow established. The crew rigged tarps between the examining trailers. The

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water was fairly choppy and the challenge was almost immediate to move four very old and crippled patients. Lots of TLC did the trick. We were all delighted that the whaler/raft is working as well as it is. Otterman gave a walkie-talkie to the Magistrate which he used frequently and was a help to all of us.

The whole team was working hard and well and by the end of the second day we had 60 persons on board out of the 87 on Brookhaven's list. The members of the BNL team had a great deal of love and respect for the people they had come to know over the past 20 some years and it is a big plus to the program.

On Wednesday evening the first major crisis hit. Otterman said he was definitely leaving for Kwajalein after Rongelap. I said I wanted to call Bill Stanley at 9am the next day, and that I wasn't interested in his crying "Wolf". I demanded a firm go or no go decision from him. I met with him at 8:00a next morning and he said he would do what I wanted and stay although he personally felt like leaving.

He and his crew continued to create good will with the islanders. He sent his people to look at the old AEC generator on the beach with the thought that if DOE had no further use for it it might be turned over to the islanders who have people who are capable of running and maintaining it. When we met with the Magistrate's very old and crippled father all the old man asked for was cookies. Otterman had his cook make up a large batch and we personally delivered to the old man later that night. Also John Kocian had been taking and developing magnificent pictures and giving them out to people. That morning we took the Magistrate's 75 year old crippled father out of the house on a chair litter carried by Otterman and myself with four others guarding for slips. We had him tied in the chair with strips of bed sheets and we got him on the whaler and lifted him up over the side of the ship where he was examined. After visiting him I questioned the necessity of having to subject him to all this when all but the x-ray could have easily been done on shore. Dr. Pratt said that it was needed in case the man died and had a claim against the Government.

The logistics of ship to shore continued to work beautifully. If need be we lifted the women right out of the whaler and carried them half way up the beach. This was always accompanied by lots of laughter and many Komol Tatas. Everybody seemed to be getting along better, but there was still a bare minimum of communications from Dr. Pratt.

On Thursday Dr. Pratt said that he wanted to examine about 10-12 patients by noon and then reserve the afternoon so that the medical team could go fishing and snorkeling. We had examined about 98% of those that

BNL felt would be available for examination (about 97 people).

The previous night the ship shot off its "cannon" stuffed with paper. The next morning the Magistrate told me that he was told that a small boy was hit on the thigh with a projectile from the "cannon". I was shown the missile which allegedly hit the boy and it was a smoke type flare that usually is thrown by hand into the water. It was not damaged but was a bit corroded. I showed this flare to Otterman and he talked with his crew and said that the cannon was only stuffed with toilet paper and they would never do something as mindless as putting in a projectile. Second, the angle of the cannon would not allow a projectile to go that distance. And third, the flare was not damaged but had it been fired from the cannon it would be badly mangled. I could only account for the flare being on the beach attributable to its floating in. The flare definitely came from the Liktanur II but I believe it was one used two nights previous. Anyway, nobody was hurt and the Magistrate said "no problem". He felt that since people were not used to this that someone had probably tossed the flare at the child after the bang and the parents associated it with the loud noise. Dr. Grant then came up to us on the beach and said that during his sick call the father of the child was upset. He then went back to the boat and told Dr. Pratt, who, in turn, told me that firing of the cannon was inappropriate to the medical program. I talked to the Magistrate afterwards and he said it was not a problem but because Dr. Pratt said so it would be better not to do it again. I came back and told Dr. Pratt and Mr. Otterman that there would be no more "cannon shots". The whole medical team and the Magistrate thought the whole issue was a bit ridiculous but on balance I think it was wise to discontinue this.

The plan that evolved was to get underway for Utirik about noon Friday. Most of the medical team and some of the crew spent the afternoon on the whalers fishing or snorkeling.



On Friday morning we prepared to leave. We left off three drums of diesel fuel for the Council so they could operate the old AEC generator. I also had a private talk with the Magistrate and asked him to give me an evaluation of the program and they are as follows:

1. While he said there was very little problem, he still liked the idea of a ship which could beach.
2. BNL pays stevedores only \$1.00 per hour and also pays the Magistrate \$1.00 per hour for rounding up patients. Without saying so in so many words it was obvious that he felt that his work was worth more than the stevedores. (Shortly thereafter Dr. Pratt paid him \$70.00 which represented \$2.00 per hour for his work.
3. He wanted to know about the agreements with the landowners for the use of land where DOE trailers are.
4. Wanted USDA food as long as the northern islands are restricted for food gathering purposes.
5. Felt that medical team and ship's crew did a good job.
6. He wants the old kitchen trailer turned over to the people if we have no more use for it.

We got underway at 1:30p with all in good spirits. Bill Scott said that to see 125 people on Utirik would be the maximum we could expect (40+ exposed).

#### UTIRIK

On Saturday, February 10, 1:00pm, we were met at the Utirik pass by a boat with Magistrate Ijuniang and several others. We gave them a large wahoo we had caught. We lowered a whaler into the water and took with us one of the Marshallese as a guide. We had made the pass beautifully. I was on the bridge and the radar, fathometer,

Dr. Iaman, were all in sync with Otterman's original entry plan. Dr. Pratt and I went ashore about 4:00p and the people wanted a meeting immediately. We accommodated this request and the meeting took place at 5:30p with about 50 people in attendance.

Record of Utirik Meeting, February 10, 1979, Saturday

Hugh Pratt thanked the people for the nice welcome and introduced the team. Again showed people a diagram accompanied by a lecture on the structure of the U.S. Government. He told them that BNL was outside the Federal government and that BNL makes recommendations to DOE based on their trips to islands. He said BNL doesn't have money. All they can do is to ask for money for the people.

Q. Where is our \$100,000 compensation slated for community projects?

A. HUB: Will ask Judy Knapp when I get to Kwajalein.

Q. Where is per diem money?

A. HUB: I reviewed the whole situation.

Pratt: Gave letter from Conard to Magistrate to read. It was even more embarrassing this time because the Magistrate couldn't read the Marshallese and he gave it to someone else who stumbled terribly over the Marshallese version.

Q. Why do some Rongelap people get \$25,000 for not having surgery but are taking medicine, and Utirik people do not.

A. Pratt: Rongelap got 175R, Utirik got 14R. Rongelap people were away from their homes a long time. Many Rongelapese had problems and damaged glands even though there was no surgery. They got \$25,000 but since the people of Utirik got a lower dose, there were no damaged glands although there have been nodules and cancer found.

Q. True. In many unexposed you found nodules, operated but people got no money.

A. Pratt: The problem is the the U.S. Congress gives compensation. We (BNL) want to pay for all radiation-related problems. Thyroid disease exists throughout the world. The BNL trip is to find which of those is related to radiation.

Q. What about those with cancer.

A. Pratt: Many had cancer even before the bomb went off.

Q. Before the Americans came there were no thyroid problems. After the bomb many problems. My son had three operations.

- A. Pratt: Many people have had thyroid problems but many people also died of something else before their thyroid problems killed them. "If I (Pratt) had problem I would like to have it removed although there is a good chance I could live my life out without having it removed. I believe that a person with two or three operations should be compensated for each but I don't make policy. I recommend to DOE, then DOE (sic) asks Congress to appropriate more money. Next time we will bring a pediatrician and then will ask DOE and Congress if we can bring dentists".
- Q. Are only exposed people entitled to per diem.
- A. Pratt: Yes. 25 years ago three groups were set up as Rongelap-exposed, Utirik-exposed, and Rongelap controlled. 25 years ago scientists felt these were the people that should be studied.
- Q. I am told that the Rongelap-controlled group has no thyroid problems but Utirik unexposed have problems.
- A. Pratt: I will give a study showing that the thyroid problems for Rongelap-controlled people range about half way between the Rongelap-exposed and Utirik-exposed.
- Q. Two people from Utirik that were unexposed were given I.D.s and operated on. Why?
- A. Pratt: Conard has done this by his own personal decision.
- Q. Why don't you give Wilson and others who are in a similar situation I.D. cards?
- A. Pratt: I have no authority to do this but I will talk to DOE about it.
- Q. What about the exposed people that died?
- A. Pratt: Problem is that there must be an autopsy but knowing your custom we have no way to get this information. If people can give evidence that deaths were radiation-related we will consider compensation.
- Q. Do deceased persons' families get the \$1,000.
- A. HUB: Will call Judy Knapp and get answer back to Magistrate.
- Q. There is no housing for medical referrals on Majuro?

A. HUB: Will call Judy Knapp and get answer back to Magistrate.

Q. There is no housing for medical referrals on Majuro?

A. HUB: This is the District Administrator's responsibility but we will look for ways to assist him.

Q. Is radiation getting better here?

A. Pratt: Radiation is like a big fire. It burns quickly, then dies, and then embers die slowly. The fire on Rongelap and Utirik is almost dead and has the same amount of fire as in many cities in the U.S.

Q. Are Wheeling samples less now than when the bomb went off?

A. BLANK

Q. What is the wind generator on our island for? It makes noise when it rains.

A. Pratt: I don't know. BNL is a very big place and another section of BNL handles that but I think it samples air.

Q. What about those who have come to Utirik and have eaten the food there. Is that a problem?

A. Pratt: No. But whole body counting will be done to make sure.

Q. On medical referrals we sometimes stand outside and can't get admitted. Can you take us somewhere else other than Majuro or Ebeye for treatment.

A. HUB: The TT has a responsibility to provide primary health care to you. They also have medical referral money. Also the DOE and Brookhaven have expanded our health care to you because we are aware of some of the Health Services' problem in TTPI.

Q. We seem to meet with resistance by the medical people at Majuro when we show up. People say there is nothing wrong with us. Can DOE take care of us from beginning to end.

A. Pratt: You should ask your representatives for more money.

HUB: Maybe if the DOE is able to help with the housing problem of patients it will take some of the pressures off.

Q. Why can't they get per diem advance as soon as they get to Majuro.

A. HUB: We are working on that problem with the TTPI.

Q. If BNL gives drugs to the dispensary do people have to pay for them when they come for treatment.

A. Pratt: No.

I have a general talk on when to expect Wheeling survey results and also told them that the U.S. Government was not looking for ways to get out of their responsibilities. If we find anything which we believe to be radiation-related we will deal with it squarely. The meeting ended about 7pm.

Sunday was an R&R day for most people and some went ashore to church, some snorkeled and several got a real treat by getting a ride in a Utirik sailing canoe. The one sour note was that Pratt was still not talking to me except when I asked him something directly.

I went ashore and had a chat with the Magistrate and others who had more questions. They were very pleased to have a DOE representative there for the first time in years. The Utirik people appeared much more self reliant than the Rongelapese. Without being a sociologist one might attribute this in part to the fact that the Rongelapese were away for 3 years and cared for by the U.S. Both atolls are heavily on USDA food. (Rongelap much more so than Utirik.) Their local food crops are all doing very well.

On Monday we brought 36 patients aboard. It was an excellent day as far as amount of work was concerned. At Hugh Pratt's suggestion we fed patients on deck as the doctors "ate on the fly". The crew had everything ready to go by 8:00a, such as the awning between the trailers and the sun canvas. Of particular note was the problem at low tide. At low tide there is only one narrow channel in the main village area through the reef to the beach, and a whaler can only get to within 100 ft. under power whereupon you tilt the engine up and walk the boat ashore. Patients then have to walk in water which is about 8" deep to step into the boat but this involves only 1 or 2 steps and the Utirikese are used to this and take it very much in stride.

Then came something which was very disturbing. Dr. J. Iaman, a very highly respected TT medical officer, a gentle, patient, and wise person, a "Shaman" to use Dr. Pratt's words told me that many people were complaining to him as they went through the exam. They told the doctors of their pains, etc. and expected but were not given treatment/medication. One old lady refused to leave the boat until she got something for her arthritis. Dr. Iaman then told Bill Scott of these complaints and Scott, in turn, told Dr. Pratt. Pratt was to hold a meeting that night. Upon further discussion I learned the Rongelap people also complained of the same thing even when Dr. Conard was running the program. Dr. Iaman indicated that the people were again beginning to think that they are being used instead of being treated. This really disturbed me because treatment was the underlying tenant of the 1977 DOE/TTPI agreement for expanded health care. This guinea pig idea surfaced several years ago, and to conduct the program that in any way revives this attitude is courting disaster. I was most anxious to find out what decisions were made at the meeting and I felt personally that the sick call should be expanded.

I spoke further with Jenuk Kabua, a Marshallese head nurse from Ebeye, who has been on BNL payroll for about a year but had been part of the BNL team for several years. She said that Dr. Grant never took any medicine on shore from the Wheeling and that sick calls on Rongelap and Utirik have been lasting only 20 minutes.

I made up my mind to attend the next morning's sick call.

The meeting of the medical group never came about but Dr. Pratt asked to see Otterman and myself on Tuesday morning. He said he had heard that Otterman was discussing general health problems and sick call problems with members of his medical team and asked that if problems surfaced that they be brought to his attention first. This was agreed. He also reiterated his intent to fire Dr. Grant. He then told us that after conducting the exams on board he would take his whole team ashore to hold sick call. To me this was a major break through, and should have occurred on Rongelap as we had plenty of time. He told us again that the Brookhaven mandate was research and only with left over money in the budget could general health care be addressed per agreement with TTPI.

Dr. Nicoloff had talked with Dr. Pratt earlier on the sick call subject and I suspected that was one of the main reasons for Pratt's decision. J. Nicoloff should be debriefed if at all possible, as he and his wife Ruth were a very respected and a stabilizing influence to this mission. I attended Dr. Grant's sick call. It lasted for about 1-1/2 hours and many people were seen. Jenuk said it was much better than previously but thought it was due to my attendance. Jenuk told me yesterday that she told Dr. Grant she would remain on shore to give "well baby" inoculations. Grant gave her one disposal syringe to do the work. She told him that she couldn't use just one for the whole group and there was an English speaking Marshallese person who overheard all this and said if anybody tried to do that with her child she would contact Ataji Balos immediately. Jenuk told Pratt who told her to take as many syringes ashore as she needed. Jenuk told me today there are real undercurrents and people want to see Dr. Iaman, not Dr. Grant.

On Wednesday, February 14, the medical team found an 8-mo. pregnant lady with high blood pressure and she was to go with us to Kwajalein. We had a lot of rain and have only got 25 patients on board by 1:00p, which actually was a pretty fair number. Dr. Pratt seemed much more relaxed which I attributed to the program working so well.

U.S. Oceanography, at their own initiative and after discussing with the Magistrate, marked the Utirik channel with divers, a large buoy and



many feet of expensive chain. I estimate that this cost U.S. Oceanography about \$500. In addition, their Chief Engineer worked for two solid days to make a new shaft coupling for the community boat and to realign its engine. It's difficult to put a value on a job like that. He is very talented on the lathe and his product in my opinion was a minor masterpiece under the circumstances.

It has been pretty well decided that we would depart Thursday PM for several reasons:

1. Dr. Pratt kept referring to the sick, pregnant woman and the need to hospitalize her. Ruth Nicoloff said she is not critical and is controlled by medication and diet at present. (Dr. Pratt's initial reaction upon discovering this woman was to have Otterman call the TTPI representative in Kwajalein for an emergency diversion of one of their vessels. The TT did not divert a ship.
2. We seemed to be finished ahead of schedule.
3. Otterman said a large storm was very possible Friday or Saturday.

At BNL's request we took only 25 people on board that day and in spite of this had only one more exposed person to go (Bibi, an old lady). We went to her house and determined that it would be easy to take her aboard, and she agreed to go even if we had to carry her in a chair.

The sun was shining brightly at 1:45 but we were told no more patients were to come aboard. All patients were off by about 3PM and we certainly could have handled a few more before the joint party ashore, set for 6PM.

Dr. Iaman told me that there was an occasional problem when BNL referred people for treatment and they were not exposed or controlled, in that some felt since BNL referred them they would get per diem at Majuro or Ebeye. He said that on occasion BNL sent someone to Majuro who should have gone to Honolulu for treatment (none I.D. card people) and TT had no referral money at that time so the patient just hung around Majuro. He noted a case of a BNL referral over 2 years ago where a man had a heart problem, never was sent to Honolulu and is now paralyzed, still in Majuro; and he is not getting per diem. I brought this up to Dr. Pratt and suggested that on all BNL referrals the team leader make sure the patient and escort are aware what they might expect in the way of treatment and other benefits. He got very huffy and lectured by telling me "The point is that the people know whether or not they have an I.D. card and this is sufficient information". I pointed out that even with our big meeting only 50 out

of the 300 persons on Utirik showed up and that surely there were some that did not fully understand the whole messy per diem subject. I suggested that it would be a natural thing for an individual to assume these per diem benefits are available to them just by virtue of the fact that it is a BNL referral. It is better to be a bit repetitive than to create bad will down the line. He walked away allowing as to how Dr. Iaman or no one else would explain anything to the patient until she was better. I told Dr. Iaman of Pratt's reaction and he told the patient and escort on his own that they were not going to get per diem.

A nice party was held on shore that evening at 6PM in the school. It was supposed to be a joint party since we were leaving a day earlier than planned but there was a misunderstanding in Dr. Pratt's discussion with the Magistrate. There were many "I'm sorrys" from the Utirik people but there was great dancing and singing while BNL passed out Diet Pepsis, oranges and apples. The spokesman had many nice things to say about the medical team and presented them and the Captain with handicraft. The people were also really appreciative of the work done by U.S. Oceanography to repair the community boat and they presented Otterman with a beautiful canoe, although not at the party.

On Thursday Dr. Pratt wanted only 8 people on board for examinations. This was accomplished including the last of the exposed people. He had told people at the party that four doctors would be ashore to hold sick call. The people took him at his word but only he went ashore that morning with J. Iaman who took histories. This resulted in 20 people left at the dispensary who were not seen. According to Dr. Iaman this was not well received by the people.

Iaman also wants TT personnel to receive what BNL people get in the way of per diem and expenses on Kwajalein and on board ship. BNL people get \$18 per day plus their hotel on Kwajalein and \$18 per day on board ship minus the \$6.00 S&Q charge.

We left Utirik at 2:30p and at 10:30 that evening the highlight of the trip came to pass. The pregnant lady, gave birth to a 6 lb. boy. She and her mother were in a center room of the medical van on deck and I was sleeping on a mattress just a few feet away. Grandma woke me, I got Dr. Iaman and 10 minutes later the child was born. Three doctors and grandma all got seasick during the episode and the midwife (yours truly) didn't feel too hot either. Mother and child were well and remained so until the time I left for Honolulu.

PRIVACY ACT MATERIAL REMOVED

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One hour before docking on Kwajalein Dr. Pratt told me that something had been bothering him the whole trip and he wanted me to get an answer for him. I asked him what the problem was and he said that he didn't know where the life jackets were on the ship. I found it strange that after 13 days at sea he finally got this worry off his chest to me rather than the Captain. The life vests were located and pointed out to him.

Prior to leaving Kwajalein I met with Don McAfee and COL Reeve individually and thanked them for the truly superb assistance we got from Global and the military staff.

John Iaman asked me to assist him and the three other men from Majuro in getting on the Army Electra the next day because they were on Air Mic standby for three days. I did and they went.

The last remaining incident was that I met with Mr. Howard Ladd on Kwajalein. Howard is the former Economic Development Officer for the Marshallese and now works as Director, Project Development, for Global Associates. I also met Mr. Rick Hatton, Vice President of Marketing for International Air Service Company. As a joint venture they are bringing a sky van to Majuro to serve primarily as a commuter run between Kwajalein and Majuro. This has been cleared with Air Micronesia and the van should arrive within the next 60 days. They would be willing at their own expense to install strips elsewhere (Kili? Rongelap? Utirik?) if they knew they would have some guaranteed business from someone like DOE. This looks to me like a service we could well utilize down the road. I am thinking also of Enewetak. Mr. Ladd will detail this all in written form and convey it to Roger Ray with a copy to our office.

CONCLUSIONS

From all indications the trip was virtually a 100% success from the medical mission point of view. It was the first time in two years that x-rays were taken. In spite of the very strained personal relationships the logistics support afforded by U.S. Oceanography was outstanding. Time constraints from the time the contract was let until the sailing date did not allow for everything being done that was planned but with steps taken (see Recommendations) to correct a few deficiencies, future trips will be even better.

The Base Commander and his staff, and the Base support contractor, Global Associates provided DOE with excellent support.

The people of Rongelap and Utirik as well as those I met on Ebeye were generally cooperative in spite of the many problems which understandably have occurred over the years. They appreciated having a DOE representative available to address their questions. A good relationship seems to exist between the effected people and BNL but in the past this relationship has proven fragile. The body of the report and recommendations suggest potential problem areas and at least some steps which can be taken to provide a better service.

RECOMMENDATIONSU.S. Oceanography

1. Holmes & Narver should take immediate steps to insure that U.S. Oceanography performs the following:
  - a. Gives a talk on safety procedures to each group of ship users prior to embarking on a voyage.
  - b. Improves safety aspects of negotiating the section of ship from forward bunk area aft.
  - c. Takes steps to improve safety for negotiating the short stairways from man deck aft.
  - d. Provides waterproof protection for aisle between medical trailers and between forward door into x-ray waiting area and trailers.
  - e. Provides additional egress from hold No. 2 (bunk room).
  - f. Rigs canvas on aft messing area to afford more protection from wind and rain.
  - g. They relate any information concerning program content directly to the Party Chief instead of individual team members.
  - h. Provides additional mirrors in the lab and bunk area.

Program

1. Consideration be given to conducting all examination on shore.

Rongelap and Utirik both have new 5-room dispensaries which can easily be set up to provide this service. A small generator, tables, chairs, portable x-ray, refrigerator, etc. could easily be brought ashore and eliminate the need for patients to travel to and from a ship. The ship could then be primarily a support platform.
2. While the Liktanur II is being used, that whaler to gangway platform is the best and most practical way to move islanders to and from ship.

The two-26 foot barges built by U.S. Oceanography would be of no use on Utirik because at low tide a whaler could still not get there under power were they to be set up on the beach as a floating dock.

On Rongelap the whaler literally can be beached at any tide (also at Utirik at high tide) and people can get in whalers easily, except for the very few who can be, and were, helped in and seated immediately for the short gentle trip to the boat. To place barges at Rongelap would serve as no improvement to the system as they would only afford a long, slightly rocking platform which would be very hard for the elderly, obese or crippled to traverse, and they would still have to climb down up to 30 inches into a whaler.

3. The DOE should seek means to secure two house trailers (Federal excess) one for Majuro and one for Ebeye to be used as living quarters for outpatients and escorts from Rongelap and Utirik, who are covered under the DOE/TTPI travel, treatment and subsistence agreement.
4. It should be made clear to Utirik people why I.D. cards were issued to at least two unexposed persons who were then operated on, and not to others allegedly (see record of Utirik meeting) in similar circumstances.
5. The problem of people who complained to Dr. Iaman that they were not being treated should be addressed.
6. All medical referrals and escorts should be advised by the Party Chief as to whether or not they are entitled to per diem under the DOE/TTPI agreement at the time they are given the referral letter.

#### General

1. A select Interagency Group should review the BNL findings over the past 25 years, evaluate the present program as to what services are provided and in what manner, and when and then recommend a future course of U.S. Government action for at least the next 20 years.

The Interagency Group might include representatives from:

- a. Department of Interior
- b. TTPI
- c. DOE
- d. BNL
- e. U.S. Office of Micronesian States
- f. Selected "outside" individuals such as those on the so-called BAIR Committee who advise DOE on Marshalls matters

Input into the decision making process should include but not be limited to persons who have been working directly on the programs, Marshall island representatives and the legal representatives from the affected islands.

It is my understanding that BNL has prepared several health care options for DOE review.

I suggest that perhaps the people of those islands and the U.S. Government interests might be better served by having the Interagency Group develop a policy position based on a plan which considers the long term impact of what we do and then tasking an organization with policy implementation.

2. That DOE review the content of the BNL tapes covering the Rongelap and Utirik meetings to determine whether BNL and PASO statements are all consistent with the DOE policy.

I believe there were statements made that bear this review as follows:

- a. When Dr. Pratt told the people of Utirik he "didn't know" what N.A. Greenhouse's windmill apparatus was for it indicated to me a basic lack of communication as to DOE programs in the Marshalls.
- b. People were told that Dr. Pratt supported double compensation (\$50,000) for persons with two thyroid operations.
- c. Dr. Pratt also committed his support to expanded health care by U.S. Government and said the decision to that end was now being made in Washington.

I am not commenting as to what the U.S. Government should or should not do, rather I suggest that statements of this nature could cast the government in a bad light as far as the Marshallese are concerned if what BNL supports as a DOE contractor does not become U.S. policy either quickly or at all.



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