

REPOSITORY DOE/PASO
COLLECTION DOE/NV
BOX No. 1228, ERDA #3
BIO-MED Dr Conard
FOLDER OLTHAU 12/1966

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October 26, 1966

TO: WILLIAM A. BONNET
FROM: *Neil S. Rasmussen*
NEIL S. RASMUSSEN

SUBJECT: TRIP REPORT TO TRUST TERRITORY (T.T) FOR
COORDINATION OF BIO-MED ACTIVITIES

Dr. Conard and I boarded Pan Am flight # 841 at the Honolulu International Airport at 1:30 a.m. September 21 (Wednesday) and arrived 7 1/2 hours later, after crossing the International Date Line, at Guam 5:00 a.m. (Guam time) September 22 (Thursday T.T. date). It was still dark at 9:00 a.m. (Honolulu time). We were met by a T.T. Representative and taken to the Micronesian Hotel for coffee. We left Guam on Pan Am T.T. charter flight # 500 at 8:00a.m. and arrived at Saipan at 9:00 a.m. the same day. We were met by Dr. Luke Howe, T.T. Director of Medical Services and taken to the Saipan Hotel. We were given a government car and invited by the High Commissioner, Mr. Norwood, to attend a reception that evening for the advance guard of Peace Corps key personnel. The reception was very interesting and we met most of the contacts we would be dealing with during our stay in Saipan.

On Friday, October 23, we returned to Capital Hill, which is a complex made up of administration buildings and family housing formerly

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occupied by the Navy. We discussed billing procedures with Lorin D. Anderson of Finance and they were agreeable to accepting a purchase order from H&N on a fiscal year basis. He was not able to determine at that time why we received the billing for land rental and what agency that had been billed in previous years. Two days later it was determined the previous billings went to Defense Atomic Support Agency, Washington D.C. T.T. had sent a bill to DASA March 23, 1965, for \$198.00. A meeting was held with Mr. Norwood in his office. Dr. Conard explained his program and I explained the AEC support part of the picture. Mr. Norwood asked if there was anything we could do to get "Bikini" returned to the people. Bikini people being used to atoll living are finding it very difficult to adapt to island living on Kili. We told him we would try to find out the status. He requested the loan of the film "Return to Bikini" and I agreed. He also wondered if AEC would grant salvage rights to various ships destroyed in the tests. A Japanese firm will clear out all of the debris if they can have the scrap in the ships. Mr. Norwood stated he was very interested in our program and the T.T. government would cooperate to the fullest extent. We had another detailed discussion with Mr. Norwood at a dinner, the subjects were mostly T.T. problems and the Peace Corps.

Our next meeting was with Robert K. Shoecraft, T.T. Attorney General.

We discussed the various problems in the support of our program and

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Mr. Shoecraf stated to his knowledge there was no existing agreement for this support and that one would have to be drawn-up. We dictated the agreement, which provided for handling patients, transportation and other matters. It was typed and signed by Mr. Sureen, Contracting Officer. The agreement between T.T. and AEC provides for general support required and the H&N purchase order will describe the mechanics and flow of paperwork.

We discussed the problem of land rentals with Mr. Shoecraf. He showed us letters he had written over the years trying to get DASA to return the land to the people. Each time his request was denied. On August 16, 1963, a letter was received by the High Commissioner authorizing the transfer of structures to the T.T. but retaining the rights to the sites. It could not be determined whether or not the property for which annual rent was being paid was the same sites occupied by Dr. Conard. We were told the last total annual billing for land rental was \$418.50 from DASA. The agreement T.T. had with DASA is different than the one sent to us by NVO. It was decided we would forward the billing we have to DASA and try to get permission to return all sites except those required by Dr. Conard. The T.T. has done nothing about their authority to remove structures.

A meeting was held with the medical staff to discuss Dr. Conard's program. Also, requirements for the March 1, 1967 medical survey was discussed. This will be bigger than last year as the control group is examined in addition to the exposed people. It was determined that all support is arranged by the medical services group and they have "dropped the ball" on the current and previous trips. Not much change is expected until the Acting Director is replaced by a Director.

We discussed transportation problems with various people including Paul Windsor, Assistant Commissioner for Economic Development. We found that the request for an SA -16 Seaplane for the current trip to Rongelap had not been passed on and none was available on such short notice. The planes are assigned from Saipan, but the districts each control their own ships. We could do nothing about a ship until we got to Majuro.

We contacted Robert J. Johnson who will take A. Dale's place as Kwajalein Trust Territory Representative effective October 4. Since he is our only "voice" contact we went through all the details of supporting our program, especially the handling of subsistence and transportation of patients. He was very cooperative and assured us of his full

support. He appears to be capable and willing to do a good job. Monday, September 26, we proceeded by T.T. DC-4 to Guam and spent the night at the AIR-TEL Motel.

Tuesday, September 27, we left Guam on the same plane. We stopped at TRUK for about an hour then proceeded to Kwajalein arriving there on Monday, September 26, (crossed International Date Line). We were met by Mr. McKay, T.T. Assistant District Administrator, and showed him the agreement with T.T. He expressed dissatisfaction with it and seemed quite upset. He disagreed mainly with the actual subsistence for patients instead of per diem. When questioned about the T.T. handling of the last group of patients, he said he was sorry but it was just circumstances and seemed reluctant to discuss it. He claimed the T.T. Headquarters had not given him money to advance to the group, so they had to pay their own subsistence except for \$39.00.

Tuesday, September 27, we went by T.T. plane to Majuro, which is the headquarters of the Marshalls District. Patients that were available were examined and two had to be brought in the next day from the Island of Rong Rong. Since Dwight Heine, the District Administrator was absent, we discussed our support requirements with Danny Akimoto, Asst. District Administrator. We requested a ship to take

us to Rongelap and a ship was contacted by radio and diverted to Kwajalein. There was no regular field trip scheduled, so it was necessary to charter the ship. The T.T. pays the ship company \$500.00 per day, but we argued that we paid \$270.00 last time, It was agreed the charge would be \$270.00 per day. We were asked to send requests directly to the District Administrator. They had received no word from T.T. Headquarters that we were even coming. Discussions were held in support for the next survey and a date of March 1, 1967 was set for planning purposes. Since another plane was not scheduled for Majuro for a week, it was necessary to charter a DC-4 from the Army at Kwajalein thru Global Associates. It arrived Wednesday, September 28, at Majuro at 1:30 p.m. and departed at 1:50 p.m. arriving at Kwajalein at 3:15. The distance is 236 miles or 472 miles round trip. Copies of the manifest both ways were obtained from McKay. The Army plane brought six T.T. passengers and some cargo. Four T.T. passengers returned to Kwajalein. The T.T. will give us credit against their billing. The cost of the plane was \$211.00 per hour for Three hours and two minutes or \$639.96.

When we arrived at Kwajalein, the T.T. ship was waiting at the dock. We boarded it at 3:45 climbing up a rickety ladder with several broken

steps. We found the ship in a very filthy and deteriorated condition. There was a pig and chickens running loose on the deck and their odor plus the odor of sea-sick passengers permeated the entire ship. The doctors examined the galley and stated no human being should be allowed on the ship. Dr. Rall plans to report the condition to the Public Health Department in Washington, D. C. We went to the commissary and purchased sufficient food (that required no cooking) for the trip. The captain evidently was not told we had chartered the ship. He had the crew in the cabins and we were put in the paint locker, which had no port holes and was filthy. There were about 10 bunks and no mattresses. The captain and crew were natives and we were unable to communicate very well with them. We finally departed at 4:30 p.m., went to Ebeye picked up mattresses, and a truck, passengers and departed for Rongelap at 6:30 p.m. The passengers slept on the deck. We arrived at Rongelap at 11:30 a.m. Thursday, September 29, four hours late after drifting off course during the night. We were taken to shore by motor boat. We observed the AEC RAD-SAFE towers at the far end of the island. Two 50 foot Medical Survey trailers are located in the village at the center of the island. One is used for living quarters and one for laboratory and examinations. Both are in good condition. A generator furnishes

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power during the surveys. There is no other power on the island. The people live a primitive existance and are cut off except for T.T. ships that come in when enough copra has been accumulated, which takes about three months. The exposed natives were assembled and examined. The doctors were disturbed to find many were not taking their daily pills. schoolteacher, was charged with the responsibility of making sure they did take the pills. We verified that Mr. had received our check reimbursing him for his out-of-pocket expense for the patients stranded on Ebeye when they returned from New York. One patient was in an isolated spot in the jungle. He was about 40 and had leprosy. All his fingers were gone and most of his feet, otherwise he seemed to be alright. We boarded the ship and sailed at 3:00 p.m. The captain had found out who we were and moved us into cabins, which were a slight improvement. We arrived off the Island of Ebeye Friday, September 30, at 8:00 a.m. and crossed the lagoon in a small open life boat to Kwajalein arriving about 9:00 a.m. The remainder of the day was spent recuperating from our "experience" and lining up patients for the next day.

On Saturday, October 1, patients were examined on Ebeye. This is the slum of the Pacific where about 3,500 natives are crowded into one

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room shacks on a few acres of ground. The people work for the Army at Kwajalein, about five miles across the lagoon, and are shuttled back and forth like cattle in landing craft (m boats). All natives are required to be off Kwajalein before dark and they are not allowed to buy in Kwajalein. Food is difficult to obtain and expensive. This is where the exposed patients must wait for transportation to their home island.

Monday, October 3, the remaining patients were examined and discussions were held with personnel of Global Associates, the Army and T.T. to determine support required for the survey of March, 1967. Frank Granich of Global is the coordinator. A meeting was held with Colonel Frank C. Healy, the Commanding Officer, he appeared to be interested in our program and the AEC in general. He promised full support in meeting our requirements.

Tuesday, March 4, we returned to Honolulu via Northwest. We brought back a Rongelap patient, who previously had surgery in Boston for cancer of the thyroid. Treatments and examination at Tripler Hospital were now required to assure complete recovery. We checked the patient into the hospital where she remained until Saturday October 7. Dr. Conard and Dr. Rall returned to the mainland, October 5. After Mrs. release from the hospital, she was placed under the

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care of a Marshallese Interpreter, Mrs. Veronica Kiluwe, from the East-West Center.

Monday, October 10, Mrs. was returned to Ebeye to wait for transportation to Rongelap. Realizing she was the mother of ten children and it would probably be three months before a ship would make the trip, we requested the T.T. to send her home by sea-plane which was accomplished October 19.

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Personal Observations

I believe the trip was very beneficial especially in the following areas:

1. By personal contact with the High Commissioner (HICOM) and his staff, we were able to establish an Agreement and procedures that are sure to improve communications and better support for our program.
2. We were able to arouse the interest of the HICOM by assuring him the AEC still maintains an active interest in the T. T. and that we are in sympathy with and will try to help them solve their problems such as, returning Bikini, moving test debris from the waters and islands and returning sites to their owners. It appears that they hold the AEC responsible rather than the DOD.
3. I believe we helped to convince interested officials that the medical treatment of Rongelap natives is necessary for their welfare and not just as a method of acquiring scientific information using the exposed people as guinea pigs. However, the scientific data is important since these are the only people in a controlled environment that have ever received significant fall out radiation.

4. We determined that one of the major reasons for lack of communication and support in the past was that all requirements were turned over to the Acting Director of Medical Services and were not passed on to personnel responsible for action. We will now route requirements directly to the action party.
5. We determined the routing of ships and planes so that surveys can be scheduled accordingly, which should reduce charter costs and help eliminate frustrating delays. We now realize that ships are under the control of private shipping companies and their movements are not as flexible as when they were under T. T. control.
6. We learned that in many cases the Rongelap people were dissatisfied. After 12 years of treatment and examinations it is difficult to convince them of the necessity of continuance. This attitude was evident by the fact that many were not taking their daily pills and no one was following up. Since they are scattered among various islands, the individual's cooperation is essential. This is a problem to be handled by Dr. Conard. It is especially difficult to get the patients to go to New York

for surgery, and cases of nodules on the thyroids are increasing. Their reluctance stems mainly from the necessity of holding them on Ebeye "slum of the Pacific" awaiting transportation to Honolulu, then on their return, waiting for a ship to Rongelap which could be up to three months. The last patient, Mrs. mother of ten children, refused to be transported to Honolulu for treatment. The school teacher, Mr. convinced her she would receive better treatment than previous patients because he had written a letter to this office. She made the trip and after her return she was sent by plane scheduled by this office to her home after only eight days on Ebeye. She explained to me that in addition to the crowded conditions, there was not ample food at Ebeye to take care of extra people. The previous group of two women, three girls, and an interpreter, Mr. after going to New York for surgery were returned to Ebeye. After we had notified the T. T. representatives to advance them funds for subsistence, they were only given \$39.00 during their 18 days stay. Mr. paid \$168.00 out of his savings for their food. We reimbursed him, but he could have claimed \$6.50 per day each since that is the standard T. T. per diem for Ebeye. Mr. Dwight Heine's remarks indicate what might happen. He said "these people are tired of the endless examinations, treatment, traveling 15,000 miles for surgery and being away from home so

long. They say 'if we are in such bad shape, leave us alone to die. If we are not, don't make guinea pigs out of us.'"

He also said "what will you do if they refuse to go on with it?". It is a good question and we don't have the answer.

Especially since recent developments of the increasing number of thyroid problems. I believe we should make every effort to get close to the people and make them understand and assure their cooperation even if we have to pay them or provide competent medical attention on the islands where they are located and schedule planes or ships necessary to provide fast service when movement of patients is necessary. They are asking for material from our abandoned rad-safe facility and we should help them get it. We could help by giving them advice on community affairs and handling their money (Mrs. showed me her savings book and asked how she gets her profits) She asked if she should get a washing machine, a car and sewing machine or keep her money in savings. The T. T. should give this kind of advice, but to them the AEC gave them the money and expect us to tell them what to do with it. There is also a problem with the people on Utirik who are examined but did not get enough radiation to get paid. They are dissatisfied and of course blame the AEC. Dr.

Conard has done an excellent job of trying to be a big brother to all of these people, but it is a big job and his interest of necessity must be mainly a medical nature. Mrs. said that my visit with her was the first time in 12 years that she felt like talking with anyone. Mr. . said the same thing. I believe these talks with individuals are important for future relationships.

7. I received some first-hand impressions of the problems facing the medical group by following their regular route with the doctors. We spent two weeks and only examined about 72 patients on the various islands. I observed the examinations and the poor facilities available to them. They have to go where the patients are, even to their place of employment in some cases. Hospital facilities are primitive and travel from place to place very difficult. The annual March survey takes about six weeks with the team of 12 medical personnel. (Six mainland and six T. T.) It was decided that due to the difficulty and move of crossing the lagoon from Kwajalein to Ebeye several times a day and in reaching various places on Rongelap by the trails and other islands in the atoll, that a 16-foot boat with the 35 to 40 horse power motor

should be purchased by this office and stationed at Kwajalein where it can be carried by ship to Rongelap.

8. I was able to get a "feel" for the necessity for liason with certain key people in the T. T. and Nike X. I believe we are now in a better position to further streamline our support efforts and make a substantial contribution to the success of the medical survey program. After spending two weeks with the doctors I have a better appreciation of their problems and objectives and am in a better position to evaluate and anticipate their requirements.