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Department of Energy  
Pacific Area Support Office  
P.O. Box 29939  
Honolulu, Hawaii 96820

PRIVACY ACT MATERIAL REMOVED

November 8, 1982

Roger Ray, Deputy for Pacific Operations, NV

William J. Stanley, Director, PASO

TRIP REPORT - BNL MEDICAL MISSION - OCT/NOV 1982 - PART I (Rongelap and Utirik)

I. Background of Objectives

This mission's objectives were to provide pediatric medical and dental care to the children under 15 years of age of Utirik and Rongelap, to the children of BNL's adult lists in Majuro and Ebeye, and to certain Bikini children on Ejit. In addition, individual follow up and examinations were scheduled for some patients previously missed or not seen in some time. Sick call was also held in outer islands.

II. General Mission Results

A. Utirik Atoll

The meeting with the community (120 attended) was routine and few questions were asked; nine on the Wheeling survey.

The BNL group worked heavily and intensively during the four days, examining larger numbers of children. (The dentist alone, treated over eighty children and worked into the night on several occasions to complete as much work as possible).

A dramatic situation arose on October 13, 1982 when a six-month old baby, gravely ill with pneumonia was saved by prompt medical evacuation. This gratifying, life-saving act (the child recovered in hospital and now is in excellent condition) resulted from the successful, coordinated activities of a number of personnel: BNL staff, DOE/H&N staff, REPMAR officials and KMR flight and hospital crews, all of whom we salute for their fine work and professionalism.

Several adults were identified for REPMAR or BNL medical referral on a non-critical basis. Reynold deBrum will deal with their arrangements individually for BNL patients.

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W. J. Stanley, Dir, PASO

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### B. Rongelap Atoll

About seventy-five people attended the opening community meeting at which time we introduced the mission personnel and described our objectives. There were several, heckling-type questions by two, young adults (one of whom appeared to be inebriated) having to do with eligibility for BNL ID card which BNL attempted to answer satisfactorily. Nonetheless, the two questioners remained disgruntled, along with one elderly Marshallese (again, unhappy that the mission would not provide "community feeding" for the entire population, as apparently had been done in the days of yore). Be that as it were, the meeting was reasonably good and several Marshallese expressed their pleasure with our coming and the pediatric nature of the mission.

The medical and dental staff were very busy. Dr. Ferguson treated 80 children and adults. One patient with eye damage from a recent accident, was recommended for referral to RMI facilities. Majuro Health Services authorized the radio-referral and we transported the patient to Kwajalein for REPMAR treatment. I add that the residents of Rongelap responded freely and fully to the mission.

The vessel support during the outer island visit was excellent. Captain Coberly and his competent crew responded to our needs and kept everything functioning smoothly. Even a balky dental drill was repaired on site several times by the Liktanur engineer.

### C. Other Comments

1. We lost one "baby ICOM" walky-talkie overboard during the mission because it was unsecured and fell out of a crew member's pocket into the water. I discussed with Captain Coberly various ways to secure the radios, including the use of holsters, plastic lanyards, etc. He will choose and implement the most convenient system to secure the radios in the future.

2. Discussion should be initiated with mechanics to determine what long-term repair or overhaul is needed (if indeed it is) to restore the dental drilling unit to trouble-free operation. But for the skill and flexibility of the Liktanur engineer, the dental portion of the mission would have been seriously jeopardized because of a balky drill.

W. D. Jackson  
Program Liaison Specialist

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