

C O P Y

P

Medical Department
Brookhaven National Laboratory
Upton, Long Island, New York

28 March 1956

Dr. Charles L. Dunham, Director
Division of Biology and Medicine
Atomic Energy Commission
Washington 25, D. C.

BEST COPY AVAILABLE

Dear Dr. Dunham:

The medical team returned 15 March 1956 from the two-year medical resurvey of the Rongelap people and controls. Everything went extremely smoothly with a minimum of difficulties. Johnston Island, however, seems to have a magnetic effect for our group since once again we had to spend 24 hours there due to engine trouble.

Enclosed is a preliminary report of the two-year medical resurvey findings in the Rongelap people and controls.

While we were at Majuro, a United Nations' group visited the atoll. Great Britain, India, Belgium, Guatamala and China were represented. They conferred with us on the status of the Marshallese. A copy of the report which I submitted to them is enclosed. They seemed to be favorably impressed with the handling of the problem.

There are several specific problems and recommendations which I would like to bring up. Most of the problems center around the return of the Rongelap people to their home atoll. Upon their return to Rongelap, the people will be almost completely isolated and their only contact with the outside world will be the visiting Trust Territory field trip ship which will touch off there, at most, every three or four months. This will mean that the people will have to depend almost entirely for medical care on their medical aid man [redacted]. His training is such that only the barest first air care can be expected from him. Since these people have received significant amounts of radiation, the long term effects of which are uncertain, and in view of the unique world-wide interest in these people, disproportionate radiological importance may be attached to any disease that may develop among them and any suggestion of negligence in medical attention may be the cause of great embarrassment. This problem is not easily soluble. The earliest way out would be, in my opinion, to leave the people at Majuro. However, since we are committed to return the people to their homes and that is also their express wish, we must consider other measures. The following might be considered.

(1) Establish radio communications on Rongelap. This would probably also require training one of the Rongelap people in the use

REPOSITORY *Washington National Records Center*
COLLECTION *32681-6*
BOX NO *BOX-1*
FOLDER

of the radio (receiving and broadcasting). Or, better still, place a regular radioman there who can also carry out maintenance and repair.

(2) Arrange for evacuation, via air, and treatment of all ill persons through Trust Territory Headquarters, Guam, or through the Navy at Kwajalein.

(3) Arrange for a monthly or semi-monthly visit, by air, of a physician to Rongelap for survey of the people.

(4) At the time of evacuation, hold on Majuro, at the Marshall Island Memorial Hospital, all individuals requiring medical supervision. A fund would probably have to be established to allay expenses for this. The psychic trauma must be considered in such a separation from the families of those selected to stay at Majuro. If adequate medical supervision could be established at Rongelap, this measure might not be necessary.

(5) Arrangements might be made to send any special cases needing careful evaluation or specific therapy for consultation and treatment to the Naval Hospital on Guam. Advantage might be taken of the Military-Medico Symposium held at the U. S. Naval Hospital, Guam, once yearly where a group of well known specialists examine and treat special cases. In this regard, the Rongelap boy, _____, with rheumatic heart disease might be thoroughly evaluated there for possible cardiac surgery. (Captain H. A. Gross, MC, USN, is Commanding Officer of the Naval Hospital on Guam.)

One or two more problems were discussed with Mr. Neas and others at Majuro concerning the Rongelap people:

(1) Task Force 7 has been sending an allotment for food. As you know, the number of people on Ejit has almost doubled due to the influx of would-be relatives and supposed Rongelap people. The allotment has not been increased to meet this increased demand, and, therefore, there apparently is not enough food for all.

(2) New homes will probably have to be built on Rongelap, since it is apparently not feasible to dismantle and reassemble the present homes.

(3) Food will probably have to be furnished on Rongelap for a while, at least, until the people can become self-sustaining by processing copra, etc.

One other problem was discussed with Dr. Hicking, the Director of the hospital there, in regard to _____, the leper. The ideal solution of his problem would be to send him to a leper colony. However, there are apparently none left thereabouts. It was suggested to Dr. Hicking

- 3 -

that possible employment of _____ at the hospital might help solve his problem. He promised to consider this.

In my opinion, future resurveys of the Rongelap people should continue. Such resurveys should be continued on a yearly basis as has been done in the past in view of the fact that certain of the blood elements are not yet back to normal and there is continued necessity for observation of the residual skin lesions. Since future examinations will no doubt be conducted at Rongelap, plans should be started for either establishing a laboratory with electricity and water supply on the island or arrangements made to use a small ship which might act as a floating laboratory. The latter would probably be preferable.

The group is deeply grateful to you and the members of your staff and to the Navy Department and Trust Territory for the many arrangements which were responsible for the successful completion of this mission.

Respectfully submitted,

(signed) Robert A. Conard, M. D.

ROBERT A. CONARD, M. D.

Incl.

- (1) Preliminary Report
(Rongelap people)
- (2) Medical Survey Report
to United Nations' Group

*not forwarded with
this letter*