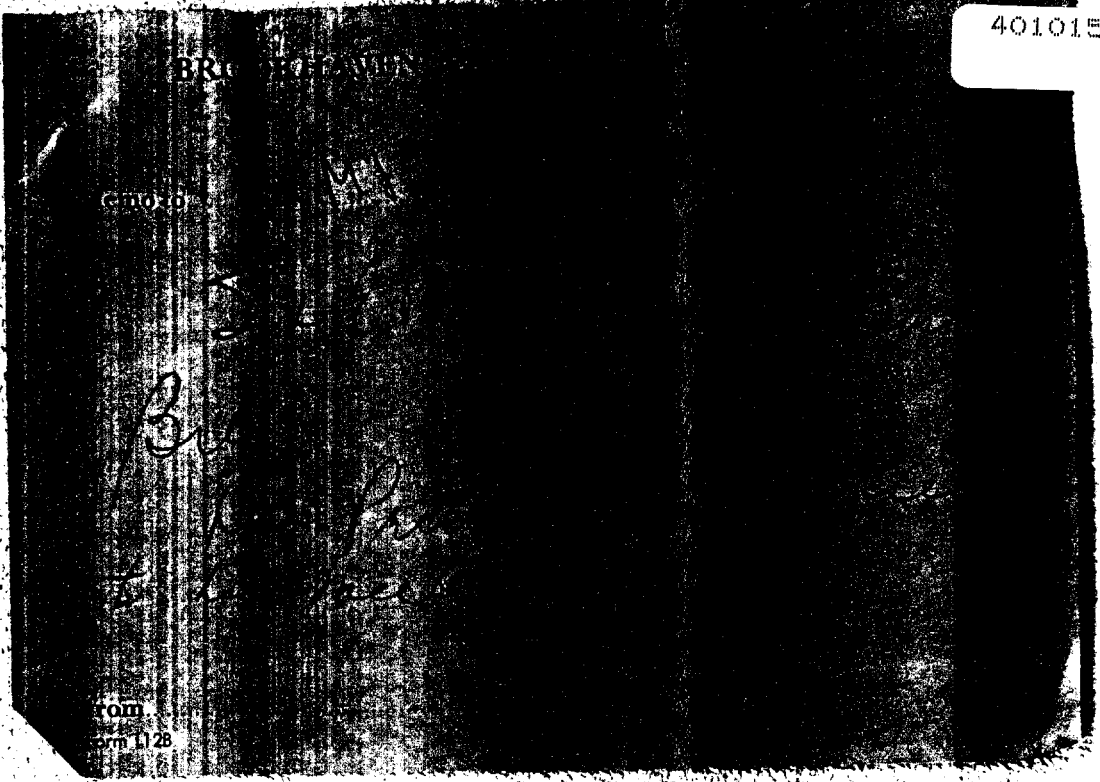


401015



REPOSITORY BNL
COLLECTION MEDICAL DEPARTMENT RECORDS
BOX NO. UNKNOWN
FOLDER BINDER entitled, "
"BURTON BILL"

5006767

Marshall Isl. file
A1

Synopsis

4/18/80

Medical Department interaction
with PL-96-205

Hugh Pratt

FACTS:

(Goals of PL 96-205)

1. This bill speaks specifically to four northern atolls exposed to radiation and states medical care and monitoring will be provided for any injury, illness or condition - which may be the result directly or indirectly of nuclear weapons testing program.

ANALYSIS:

The language of the bill is so ambiguous that the Marshall Island Government will be able by legal action to gain coverage for all Marshallese, e.g., by claiming psychologic trauma, social dislocation etc.

CONCLUSIONS:

(Worse Case) 28 to 30,000 Marshallese will be entitled to primary, secondary and tertiary care plus periodic ecologic and whole body counting on selected atolls. (1500 or so associated with the 4 named atolls)

B

FACTS:

1. Who has operational control?:

a. Planning: the Department of Interior - assisted by the Public Health Service - shall establish a Scientific Advisory Council - assisted by the Chairman of the National Academy of Sciences and the Secretaries of Energy, Health, Education, and Welfare and of Defense

b. Support: Any federal agency on a reimbursement basis.

FUNDING:

The Department of Energy will provide funding of such sums as are necessary to implement the public law after allocation by appropriate Congressional committee.

ANALYSIS:

1. Actually, Ted Mitchell (working via Representative Philip Burton) is attempting to influence the composition of the "Advisory Council". Our preliminary discussions with Ted indicated that he felt that BNL should be the "lead Lab".

This first planning meeting at the Department of Interior (10:00 A.M. - April 23, 1980) is actually a "pre-planning meeting", according to John DeYoung. The meeting will include DOI, DOE and BNL representatives. The goals are to develop an agenda for the first formal planning session for the organization of the Scientific Advisory Committee.

I feel this is a critical meeting because:

a. The chances are excellent that the Department of Interior will "defer" responsibility to the Public Health Service, much like the Indian Health Services arrangement via the Bureau of Indian Affairs. If this happens, the PHS, serving as the functional professional base, will be guided by the Scientific Advisory Council, set up by the National Academy of Sciences. I seriously doubt if DOE or HEW (except for their PHS input) will have much to say. I am afraid this will be the least desirable management alternative because:

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b. The PHS (Indian Health Service), as a model, has not been really responsive to or perceptive of the unique cultural problems associated with applying U.S. (Western) style medicine to a different culture (explain and expand on the experiences at Ship Rock Indian Hospital and their interface with traditional Indian healers).

c. The National Academy of Sciences - is representative of the "best" and technologically-advanced, research-based, academically-oriented U.S. medicine. It is not really oriented, as its first priority, to developing or delivering the "best care" for the minimum investment (based on realistic cultural expectation).

The people who are the real experts in practical, "hands on" development of third world medicine are a few non-traditional universities (Loma Linda is the best example for the Marshall Islands), a few foundations - The Rockefeller Foundation, particularly - working with the U.S. Agency for International Development (AID) (Please see enclosed xerox copies of consultants from The Rockefeller Foundation from Dr. Bryant's book.) I would hope that the National Academy would recommend a small working group to nominate well-qualified members for selection to the final Committee. (Could Dr. Walsh McDermott chair this working group?) We certainly need the input of the

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best available panel, in composition close to the Rockefeller group but with the added input of health care specialists and radiation biologists familiar with the particular problems of the Marshall Islands. An important additional input into this Advisory Committee should be provided by well-qualified representatives of other disciplines, whose input is critical to the successful implementation of a new health care system. I refer specifically to a sociologist/cultural anthropologist (Bob Kiste, University of Hawaii, is probably the best candidate). This group should really be a multidisciplinary group to insure cultural acceptance and integration. The Department of Interior, in the past, has taken some administrative actions, particularly in relation to reparations and compensations, but has had a disastrous cultural impact on the Marshallese. This medical plan must be sensitive to this problem and provide sound cultural advice in the pre-planning stage.

The final Advisory Group would then consist of 1) experts in developing health care systems in third world nations; 2) experts in delivering medical care and in radiologic monitoring of the Marshallese specifically; 3) social scientists to insure cultural integration; 4) Marshallese representatives to insure cultural and political acceptance; and 5) representatives of potential professional support activities,

2) = BNL

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such as the Public Health Service and/or the
California universities.

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