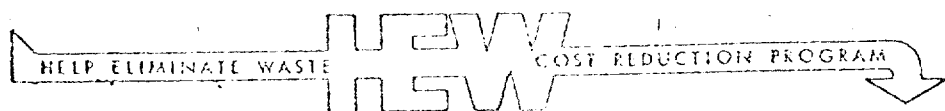


healthful environment for native population and tourists alike.

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available. But it was possible through a first-hand visit to the facilities and through discussions with American and Micronesian physicians, both in groups and individually, to obtain a significant impression of the health problems in Micronesia. I might add that it was difficult to arrange to

training and placement of allied health personnel; and
and education of the local citizens in public health,
preventive medical practices and the use of medical facilities;
the construction of appropriate outpatient and inpatient
facilities in urban and rural areas; and the development of
maternal and child health and family planning programs.

The situation in the Trust Territory, is the same as in the other territories. It is desirable to pursue but suffers from the fact that the total health program in Micronesia must be built out of a large number of categorical grant programs, dependent upon funding at

programs in environmental sanitation, maternal and child health, allied health personnel, citizen education, and facility construction. Cooperation and collaboration will be needed from Trust Territory officials and citizens, Department of the Interior, D/HEW, and EPA.

B. An alternative solution, which I did not explore while in the Trust Territory, would be to approach the health problems of Micronesia as the United States approached the health problems of the American Indian and Alaskan native over the past several decades. This could be accomplished by development of a more comprehensive plan. (Tab C is an example.) The disadvantage here is that it would require additional Federal personnel and would involve D/HEW in delivery of additional direct health services. A significant advantage is that it would approach the health and sanitation problems of Micronesia in a comprehensive way and it would cement the bond between Micronesia and the United States further by tying the Trust Territory to D/HEW as well as to the Department of the Interior. Additionally, the Trust Territory citizens would have the benefit of the considerable professional health expertise already available in D/HEW and, particularly, the multiple specialists within the Indian Health Service. These specialists could provide

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short periods of consultation in health fields, which a population of 100,000 could not be expected to support full time. The engineering expertise also available in the Indian Health Service and in D/HEW would be available for consultation and continuing program development in Micronesia. The success achieved by the Departments of the Interior and HEW in working together to improve the health and well being of the American Indian is an excellent example, which could be duplicated in the Trust Territory.

II. Rongelap-Utirik.

In 1958 during the nuclear tests at Bikini, a sudden change in wind direction resulted in the irradiation of a group of Micronesian natives residing on Rongelap and Utirik Atolls as well as some Japanese fishermen. These individuals have been studied carefully, intensively and comprehensively by the Atomic Energy Commission over the ensuing years. There has been an annual examination conducted by the Atomic Energy Commission of the Rongelap citizens who were accidentally victims of irradiation. Three of the Rongelap natives who were quite young at the time of the accident have developed thyroid carcinomas, which have been successfully operated.

Most recently the Micronesians have decided that the Agency concerned with the development and promotion of atomic energy should not be the same agency which conducts health examinations of their citizens who were accidentally irradiated. Rightly or wrongly, the Congress of Micronesia feels that a conflict of interest exists. A few months ago when the Atomic Energy Commission physicians and their consultants arrived at Rongelap for the annual examination of its irradiated citizens they were not permitted to conduct the examination. Dr. William Peck, a U.S. citizen who is the Chief Medical Officer of the Trust Territory, told me that a Micronesian Committee set up by the Congress of Micronesia to investigate this situation (Tab D) conceivably might resolve it by inviting physicians from the Soviet Union or Communist China or a group of anti-American Japanese physicians to conduct the examinations. This presents an immediate problem for the U.S. Government

some of the newspaper articles available on Saipan in Dr. Peck's office, that such would be the case. Alternatively, refusal to allow one of these groups of physicians selected by the Micronesian Congress, to visit Rongelap similarly would result in anti-American propoganda and embarrassment. This highly sensitive and possibly explosive local political situation was described in similar terms by Department of the Interior officials, Dr. Peck, and High Commissioner Johnston.

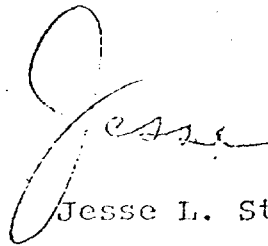
It occurred to me while on Saipan, when I learned that the committee to investigate the situation had just adjourned, that perhaps D/HEW (PHS) might be able to conduct these examinations as an independent U.S. Agency and, thus, provide a solution for all concerned. Dr. Peck was enthusiastic about the suggestion. Next I checked with the High Commissioner who similarly was enthusiastic. To make certain that no unintentional bureaucratic snafu would result, I called Commissioner Clarence Larson of the Atomic Energy Commission here in Washington and despite the nine-hour time difference, and the not inconsiderable telephone difficulties, I was able to present the proposal to Commissioner Larson who relayed it at 9 p.m. Washington time to Chairman Schlesinger of the AEC. Both felt it to be a worthwhile solution, if acceptable to the Micronesians.

While the Trust Territory Committee had already completed its session and one member had left Saipan, the others were willing to return for a session with me. Several Peace Corps lawyers acted as counsel and/or administrative aides to the members of the subcommittee. I spent over an hour answering questions. It was an excellent session and equivalent to many I have experienced here in Washington.

~~THE OFFER WAS REJECTED~~
encounters by U.S. government officials with the Chairman of the Committee, Senator Borja, and with Representative Balos of the Marshalls, indicated the likelihood of acceptance of the offer within a few weeks. There has been no public discussion of the offer by me. The High Commissioner also felt that any statement regarding the offer should come from the special committee from the Congress of Micronesia. If accepted, this may be a useful solution to a thorny problem.

the desirability of having Johnston Island available as a landing spot for Air Micronesia. At D/HEW, we have had both formal and informal requests to review this

been made available to D/HEW. I have advised the
Airlines and other interested parties that D/HEW's role
in the implementation of Public Law 91-121 relates solely
to health and safety and not to economics.

A handwritten signature in cursive script that reads "Jesse".

Jesse L. Steinfeld, M.D.

Prepared by: SG, STEINFELD, 4/28/72, x22461