

ANNUAL REPORT TO CONGRESS
U.S. DEPARTMENT OF ENERGY
MARSHALL ISLANDS SPECIAL MEDICAL CARE PROGRAM
FISCAL YEAR 2007
INCLUDING ACTIVITIES PERFORMED IN THE PROGRAM YEAR BEGINNING
JULY 1, 2006, THROUGH JUNE 30, 2007

Background

The U.S. Department of Energy (DOE) Marshall Islands Special Medical Care Program provides annual medical screening examinations and care for the surviving members of the population of Rongelap and Utrök exposed to radiation resulting from the U.S. 1954 thermonuclear weapons test code-named “Bravo.” There were 253 people on Rongelap and Utrök during the test. The DOE Marshall Islands Special Medical Care Program was formally authorized in Public Law 99-239, the Compact of Free Association Act of 1985 (COFAA), and earlier Public Laws 99-205 and 95-134. In December 2003, COFAA was amended in Public Law 108-188, the Compact of Free Association Amendments Act of 2003.

Public Law 99-658, section 104(k), requires DOE to submit an annual report to Congress on medical care and related logistical support funds spending. This report presents a summary of the work done during the program fiscal year (FY) 2006 under a cooperative agreement between DOE and the Pacific Health Research Institute (PHRI) and a logistics support contract with National Security Technologies, LLC (NSTec) based in Honolulu, Hawaii.

Introduction

The DOE Marshall Islands Special Medical Care Program is a medically, culturally, and logistically complex service program for a population with an average age of about 66 years in 2007. The DOE program includes for each patient an annual comprehensive medical screening examination and treatment of radiation-related conditions. Most of the people have other serious medical conditions that are outside the scope of the DOE Marshall Islands Special Medical Care Program, but which are part of a limited U.S. Department of Interior-funded health care program and the Marshall Islands national medical program. For example, about 50 percent of the DOE patient population has adult onset diabetes and other associated conditions that are covered by these other programs; 70 percent of hospital stays in Majuro are related to diabetes. Although our program does not provide complete care for diabetics, the physicians refer people with diabetes issues to the Republic of the Marshall Islands national health care system or provide basic diabetes supportive care.

The DOE Marshall Islands Special Medical Care Program is culturally complex because there are few physicians trained in the United States who can speak Marshallese or who understand the cultural context and social rules of conducting a medical examination of Marshall Islanders. The language barrier makes it difficult for non-Marshallese doctors to communicate with these patients. A family member or companion who speaks English escorts the patient during referrals to medical facilities outside the Marshall Islands.

The DOE Marshall Islands Special Medical Care Program is logistically difficult because of the atoll settlement patterns of the Marshallese patients and the fact that some have migrated to the United States. Providing medical care to each geographic subgroup requires special logistical considerations. The care provided includes local, community-based medical services, medical care as needed at the U.S. Army base hospital on Kwajalein Island (Kwajalein Hospital), and medical care services that are not currently available in the Marshall Islands at locations outside the Marshall Islands.

The logistical contractor must move patients and escorts from place to place for examination and treatment within the Marshall Islands, continental United States (CONUS), and Hawaii.

Medical Services

The DOE Marshall Islands Special Medical Care Program provides services to patients residing in the Marshall Islands, Hawaii, and CONUS. During FY 2007, 178 annual medical examinations were initiated from among 183 eligible people; 165 examinations were completed. Sixteen patients were admitted one or more times to the Straub Clinic and Hospital, Inc., in Honolulu, Hawaii, for evaluation of potential radiation-related conditions. None of the radiation-exposed individuals had a diagnosis of cancer this year. Five people died from conditions unrelated to ionizing radiation. In addition to regular clinics available at Majuro and Kwajalein, in-home visits were made to remote locations for patients who were physically unable to visit the clinics, and medical teams traveled to Mejjatto and Utrök to see patients residing on those atolls in order to begin the annual screening examination process. DOE coordinated with Kwajalein Hospital for ancillary services, such as pharmacy, laboratory, radiology, and mammography. Kwajalein Hospital access is critical because the program is required to use U.S. Food and Drug Administration-approved mammography facilities; the only approved facility is at Kwajalein Hospital. The program physicians coordinate care and referrals with other health care programs and agencies in the Marshall Islands.

Thyroid disease is a special concern for the DOE Marshall Islands Special Medical Care Program because of exposure to radioactive iodine in fallout from test Bravo. Each program participant receives a thyroid ultrasound examination yearly by the program endocrinologist using a hand-held ultrasound machine. During 2007, routine ultrasound procedures were replaced with traditional palpation and ultrasound only when abnormalities are identified. This standard parallels the recommendation of special U.S. task forces on thyroid screening examinations. No thyroid cancers were reported this year.

Medical Services Quality Assurance and Patient Satisfaction

Care for the DOE patient population, oversight for the Marshall Islands-based clinic staff, and conduct of community meetings with the patients all require face-to-face interaction. The administrative staff and physicians based in Honolulu, Hawaii, visited the Marshall Islands on six different occasions during the previous fiscal year.

One of the fundamental goals of the program is to improve the health status of the patient population. One means for reaching this goal is use of an electronic medical records system that allows treatment decisions to be made with the latest information. The electronic medical records system has helped improve the quality of medical care because the same patient information is available at each clinical site at any given moment. This is especially important in any medical care program where the patient population is very mobile.

Among the 105 people responding to the satisfaction survey, 90 percent rated their overall experience as “good.” The rating for the previous year was 91 percent.

Logistic Services

NSTec provided logistical support to the DOE Marshall Islands Special Medical Care Program. The support team in Honolulu, Hawaii, remains the same. Logistical support involves travel, per diem, and accommodation arrangements for staff, patients, and their escorts traveling between the Marshall Islands and Honolulu, Hawaii, or CONUS. NSTec provides PHRI with the necessary infrastructure; i.e., trailers, vehicles, and travel support for the program to operate. NSTec also provides the program’s patients with logistical support; this includes paying for all medical referrals that include diagnosis, treatment, and followup via a subcontract with Honolulu’s Straub Clinic and Hospital, Inc. Other support services include paying for patient escorts. The number of patients living in the Marshall Islands who were referred to Honolulu, Hawaii, in FY 2007 was the same as in FY 2006; the overall cost was lower due to the need for less complex medical procedures and shorter duration hospital stays. Logistical services may experience a cost increase in FY 2008 because the national air carrier is near bankruptcy and unable to meet program needs; alternate transport services have been under review.

Program Expenditures

Budget Summary for FY 2007 and Projection for FY 2008 (\$000)

Program Element	FY 2007 (Actual)	FY 2008 (Estimate)
Medical Care — General: Salaries for health professionals and administrative staff, medical supplies and equipment, local hospital and laboratory costs, and pharmaceutical costs.	\$1,254	\$1,355
Medical Care Logistics — General: Transport and provide living costs for health professionals, administrative staff, patients attending clinics in the Marshall Islands, and patient escorts; maintain two clinic facilities; and mammography services through the U.S. Army Hospital, Kwajalein.	\$1,062	\$1,178
Medical Care Logistics — Patient Referrals: Transport and living costs for patients referred to Honolulu, Hawaii, and patient escorts; medical care while in Hawaii; and medical care for patients living in CONUS.	\$440	\$248
Total: Special Medical Care Activities	\$2,756	\$2,781