

(b) Paid, High-quality Work-based Learning—10 Points

Up to 10 points will be awarded to applications that demonstrate that the State or Territory—

(1) Has developed effective plans for requiring, to the maximum extent feasible, paid, high-quality work experience as an integral part of the State or Territory's School-to-Work Opportunities system, and for offering the paid, high-quality work experiences to the largest number of participating students and school dropouts as is feasible; and

(2) Has established methods for ensuring consistently high quality work-based learning experiences across the State or Territory.

Program Authority: 20 U.S.C. 6101 *et seq.*

Dated: May 20, 1997.

Raymond J. Uhalde,

Acting Assistant Secretary for Employment and Training, Department of Labor.

Patricia W. McNeil,

Assistant Secretary for Vocational and Adult Education, Department of Education.

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DEPARTMENT OF ENERGY

Office of Environment, Safety and Health; Draft Notice of Availability of Funds and Request for Applications for the Department of Energy Medical Program in the Republic of the Marshall Islands

AGENCY: Office of Environment, Safety and Health, Department of Energy.

ACTION: Request for comments on the draft notice of availability of funds and request for applications.

SUMMARY: The Department of Energy (DOE) Office of Environment, Safety and Health (EH) is requesting comments on a draft Notice of Availability of Funds and Request for Applications to provide special medical care to a specific group of citizens of the Republic of the Marshall Islands (RMI). EH is especially interested in receiving comments on program requirements. This draft Notice of Availability of Funds and Request for Applications is a follow on to a more general, annual notice of potential availability of grants and cooperative agreements for epidemiology and other health studies published in the **Federal Register** on October 16, 1996.

DATES: By this Notice, DOE is requesting comments on the draft Notice of Availability of Funds and Request for Applications. Formal applications are not requested and will not be accepted

at this time. DOE intends to hold a public meeting in San Francisco, California, in July 1997, to provide a forum for discussion of the DOE special medical care program in the RMI and this draft Notice of Availability of Funds and Request for Applications. Parties interested in attending the public meeting should notify the EH information contact listed herein as soon as possible but no later than 2 weeks after publication of this Notice of their intent to attend and/or make an oral presentation at the public meeting. DOE will advise actual location, date and time of meeting by letter to respondents.

COMMENTS AND ADDRESSES: Formal written comments on this draft Notice may be submitted to EH via Neil Barss, Office of International Health Programs (EH-63), U.S. Department of Energy, 19901 Germantown Road, Germantown, Maryland 20874-1290, not later than thirty (30) days after the public meeting. DOE will consider and may utilize all information, recommendations, and suggestions provided in response to this Notice. Respondents should not provide any information that they consider to be privileged or confidential or which the respondent does not want disclosed to the public. DOE does not intend to respond to comments, either to individual commentors or by publication of a formal Notice. After reviewing these comments, DOE may modify the draft Notice and formally publish it in the **Federal Register** as a Notice of Availability of Funds and Request for Applications To Deliver Special Medical Care in the Marshall Islands.

This draft Notice should not be construed (1) as a commitment by the Department to enter into any agreement with any entity submitting comments in response to this Notice, (2) as a commitment to issue any award concerning the subject of this Notice, or (3) as a request for Applications. The mailing address for applications will be specified in the future formal Notice.

FOR FURTHER INFORMATION CONTACT: All correspondence in response to this Notice should be directed to Neil Barss, Office of International Health Programs (EH-63), U.S. Department of Energy, 19901 Germantown Road, Germantown, Maryland 20874-1290; telephone: (301) 903-4024; facsimile: (301) 903-1413; or neil.barss@eh.doe.gov.

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I. Purpose

DOE provides a special medical care program for a specific group of RMI citizens in accordance with Section 103(h) of the Compact of Free Association Act of 1985, as amended, which mandates that the United States "shall continue to provide special medical care and logistical support thereto for the remaining * * * members of the population of Rongelap and Utrik [sic] who were exposed to radiation resulting from the 1954 United States thermonuclear 'Bravo' test, pursuant to Public Laws 95-134 and 96-205." Section 104(a)(4) of Public Law 95-134, enacted in 1977, directed the Secretary of the Interior to provide for the populations residing on Rongelap and Utrik Atolls on March 1, 1954, "adequate medical care and treatment * * * of any radiation injury or illness directly related to the ["Bravo"] thermonuclear detonation * * *" Section 104(a)(4) goes on to state that, "The costs of such medical care and treatment shall be assumed by the Administrator of the Energy Research and Development Administration," a precursor agency to DOE. Pursuant to this congressional mandate, DOE is required to provide a special medical care program consisting of:

- Medical screening, diagnosis and treatment for radiation-related diseases, illness or injuries (see Appendix A for definition) in an economically disadvantaged tropical environment in the central Pacific.
- Medical care and treatment of other diseases or injuries as time and resources permit.
- Administrative management, cognizance and oversight of patients and patient records, clinical referrals and followups as medically appropriate.

DOE is currently seeking ways to more effectively and efficiently deliver special medical care services in the Marshall Islands to an aging population, and to spend more of the allocated budget on medical services rather than logistical support.

DOE intends to award one (1) cooperative agreement in support of the RMI special medical care program by late first quarter fiscal year (FY) 1998. The cooperative agreement award will be for a one (1) year budget period, and may be negotiated and renewed annually as continuation awards for up to four (4) additional years.

The current funding level for the implementation of the medical program is \$1.1 million annually.

II. Background

As a result of the 1954 United States' thermonuclear "Bravo" test in the Marshall Islands, approximately 253 Marshallese people (hereinafter referred to as patients) on Rongelap and Utirik Atolls were exposed to high levels of radioactive fallout. Since 1956, DOE and its predecessor agencies have provided medical care to these patients. Within DOE, this special medical care program is currently administered by the Office of International Health Programs for the Assistant Secretary for Environment, Safety and Health.

Currently, there are three programs providing medical care in the RMI. The first is provided by the RMI Ministry of Health for the national primary medical care of approximately 60,000 people. This care is delivered by means of primary and secondary care facilities on Ebeye and Majuro islands, with smaller facilities in the remote outer islands that function as first aid stations, providing limited primary care and pharmaceutical capabilities (see Appendix B for details). Two-way radio is the primary means of inter-atoll communications, and medical emergencies are transported by air from the outer islands to Ebeye or Majuro.

The second is known as the 177 Health Care Program (177 HCP), described in section 103(j) of the Compact of Free Association Act of 1985 as the Four Atoll Health Care Program. This program provides medical care for the people of the Atolls of Bikini, Enewetak, Rongelap and Utirik who were affected by the consequences of the 1946-1958 U.S. nuclear testing program in the northern Marshall Islands, and their descendants. The program is administratively overseen by the Department of the Interior (DOI), is funded by the Congress through the DOI, and is currently implemented by Mercy International, Inc., under contract to the RMI Ministry of Health. The program serves approximately 10,600 individuals (which includes the non radiation-related medical needs of the current DOE patients) and provides primary medical care, secondary referrals to the hospitals at Ebeye and Majuro, and tertiary referrals to the Queen's Medical Center and Group in Honolulu, Hawaii.

The third is the special medical care program provided by DOE to approximately 238 patients in the Rongelap and Utirik communities.

DOE's special medical care program currently provides biannual medical

screening visits and full medical care for radiation-related conditions for the remaining 131 members of the original patient population, as well as medical treatment for approximately 107 people in a comparison group. From the inception of DOE's program, medical treatment has been delivered biannually by teams consisting of Brookhaven National Laboratory (BNL) employees supplemented with volunteer medical specialists. Logistical support for DOE's medical missions has also been provided by a contractor, which is currently Bechtel Nevada Corporation.

Those DOE patients with medical conditions that can be effectively managed in the Marshall Islands are either treated by the BNL medical personnel at the U.S. Army hospital on Kwajalein island, or are referred to the 177 HCP. Since 1986, patients have been referred to the 177 HCP for continued care during the time between BNL screening visits and for non-radiation related disease or injuries. Currently, the 177 HCP has not been able to adequately meet all the medical needs of the DOE patients.

Those DOE patients with radiation-related medical findings that cannot be managed in the Marshall Islands are referred to Straub Hospital and Clinic in Honolulu for tertiary evaluation and treatment.

In 1995, DOE started to transition from biannual vessel-based medical missions to biannual land-based medical missions. Vessel-based missions were handicapped by the inability to keep a vessel equipped with state-of-the-art medical equipment. The land-based approach has improved the quality of medical care delivery for the patient populations in Rongelap and Utirik and will also affect cost efficiencies. This approach makes available, at existing medical facilities in the Marshall Islands, more sophisticated diagnostic equipment and improved laboratory capabilities, for example: use of ultrasound equipment; ability to perform immediate fine needle aspiration or thyroid surgery; availability of certified mammography equipment at Kwajalein and other medical equipment that permits immediate followup, additional tests, and surgery when needed.

As with vessel-based care, the land-based system includes visits to infirm patients in their homes at Mejjatto and Utirik. Land-based medical assets have also added the ability to provide full diagnostics and tests of samples taken right after the visit to these remote islands, rather than (as previously) shipping such samples for analysis to the U.S. mainland.

In January 1997, the RMI requested the DOE to compete the current special medical care program due to problems being experienced by the 177 HCP and the RMI's desire to spend more of the allocated budget on medical care rather than logistical support services.

III. Program Requirements

A. General

The awardee will be required to execute a high quality special medical care program within DOE requirements and budget; provide continuity with the medical program conducted since 1956; and operate in a highly visible international political environment and under rigorous oversight by the U.S. Congress.

Applications should be based on a budget of \$1.1 million annually over a 5 year period. In preparing applications to deliver DOE's special medical care program in the RMI, potential applicants should consider innovative ways to:

(a) Provide full time medical services in the Marshall Islands to the Rongelap and Utirik communities, sufficient to cover the medical needs of the effected Marshallese citizens.

(b) Collaborate or coordinate medical care delivery with local Marshallese health care providers.

(c) Use telemedicine and other electronic technologies that enhance professional communications and maximize cost savings.

(d) Use recruited volunteer medical professionals to maximize cost savings.

(e) Use current DOE contractor support (i.e., Bechtel Nevada Corporation, the Straub Hospital and Clinic, and the U.S. Army Hospital at Kwajalein) or propose a replacement for the services provided by these contractors (see Appendices C, D, and E, respectively, for currently provided services). Applications that propose replacement services should emphasize more dollars being spent for medical care rather than logistic support, but may provide a cost estimate that exceeds \$1.1 million annually.

B. Project Description

For the approximately 238 patients, whose general medical and demographic information is summarized in Appendix F, the awardee shall either itself implement or use subcontractors for the following special medical program requirements:

The DOE Clinical Medical Program

For this program element:

(a) Conduct and implement a special medical care program for patients with

radiation-related diseases, illness or injuries in a tropical and underdeveloped area of the world that includes treatment of as much non radiation-related disease as medically indicated. The special medical care program should be implemented by primary care medical professional(s) augmented by physicians with specialties in oncology, diagnostic radiology, gynecology, internal medicine, and endocrinology, as appropriate.

(b) Provide the services of other medical specialists, as indicated by patient condition, including but not limited to the fields of: allergy/immunology, cardiology, dentistry, dermatology, emergency medicine, family practice, gastroenterology, geriatrics, hematology, infectious diseases and parasitology, nephrology, neurology, nuclear medicine, obstetrics, ophthalmology, pathology, physical medicine, pulmonary medicine, rheumatology, surgery, tropical medicine and therapeutic radiology.

(c) Provide, in addition to the physician services specified in this section, nursing, pharmacy, radiology (including nuclear medicine), clinical laboratory, histology and pathology, inpatient, outpatient and technical medical support services.

(d) Institute appropriate ethical safeguards that include obtaining the express written consent of any patient for participation.

(e) Provide appropriate gender medical personnel to accommodate Marshallese cultural sensitivities.

(f) Conduct medical examinations in accordance with medical screening recommendations, published guidelines or standards (e.g., American Cancer Society, American College of Physicians, U.S. Preventive Services Task Force of the Department of Health and Human Services, etc.).

(g) Provide radiology services that include:

(1) Mammography utilizing a unit that is certified by the American College of Radiology and complies with U.S. Food and Drug Administration regulations.

(2) Diagnostic equipment that has been inspected for radiological safety and approved for operation (e.g., chest x-ray, nuclear medicine imaging or therapy, mammography).

(3) Therapy as clinically prescribed for the treatment of cancer.

(h) Conduct examinations of the thyroid gland including:

(1) Thyroid ultrasound measurements.
(2) Palpation of the thyroid by a physician skilled in such technique.

(3) Appropriate blood and chemistry tests of thyroid function (e.g., TSH, T₃, T₄).

(i) Provide diagnostic and clinical laboratory services, as appropriate.

(j) Utilize laboratory testing capabilities and services that comply with the requirements specified in the Clinical Laboratory Improvement Amendments of 1988 (documentation required).

(k) Provide appropriate immunizations, as indicated by patient needs.

(l) Provide pharmaceuticals based on the needs of the patients.

(m) Provide pathological services for the identification of cancer.

Logistical and Administrative Support

For this program element:

(a) Obtain insurance (and documentation thereof) for medical malpractice and comprehensive general liability, for \$1 million per occurrence and \$3 million aggregate for each insurance type.

(b) Implement non-medical administrative functions in support of the special medical care program, which shall at a minimum include the following:

(1) Provision of non-medical personnel and administrative staff services to adequately support the medical personnel and services.

(2) Unless the current contractors and subcontractors are replaced by either the awardee or the awardee's subcontractors, the awardee will be required to:

(i) Establish and maintain a working programmatic relationship with Bechtel Nevada Corporation which not only currently provides the logistic needs of the medical program, but also DOE's radiological and environmental monitoring programs.

(ii) Establish and maintain a working programmatic relationship with the current secondary or tertiary referral facilities (U.S. Army Hospital at Kwajalein and Straub Hospital and Clinic in Honolulu). DOE currently has a Memorandum of Understanding and a contract, respectively, with these facilities to provide the services.

(3) As applicable, establish and maintain a working programmatic relationship with existing medical providers in the Marshall Islands and/or the 177 HCP using the capabilities listed in Appendix G, to help implement the DOE special medical care program.

(4) Provide current state-of-the-art methods for the consolidation, storage, management and retention of current and historical patient medical records

and medical program operational records. This will include receipt from the current DOE provider of approximately 30 cubic feet of all hard copy medical records, a similar volume of records compressed onto compact discs and an Oracle® database of current patients.

(5) Protect the confidentiality of patient medical information and records.

(6) Implement a continuing quality control and assurance program for all clinical medical and recordkeeping aspects of the program necessary to maintain compliance with applicable medical standards.

(7) Develop and implement a transition phase with Brookhaven National Laboratory.

Direct Marshallese Involvement

For this program element:

(a) Interface, establish and maintain a working relationship with Marshallese appointed spokespersons and/or citizen advisory committees in the Rongelap and Utirik communities to:

(1) Consult and inform before implementing any changes in the DOE special medical program.

(2) Establish a regular process that receives community and patient input and feedback on DOE special medical program activities.

(3) Recommend improvements in the care delivery.

(4) Inform DOE of Marshallese concerns and work with DOE to accommodate the concerns within a framework of DOE's legal mandate, funding and sound medical practice.

(b) Develop and implement a Rongelap and Utirik community health outreach educational program that:

(1) Reflects DOE and Marshallese community representative input on Marshallese history, language, culture and the experience of DOE or its predecessors for the past 45 years (e.g., development of videotapes, brochures and handouts for health care provider briefings and use).

(2) Helps patients and their family members learn about medical program activities and findings by distributing and explaining an annual report.

(3) Utilizes Marshallese public health educational materials and brochures.

(4) Augments Marshallese public health and educational materials where germane to the medical care being provided by the awardee (e.g., provision of handouts, brochures or videotapes for Marshallese use).

(5) Advises on the known relationships between radiation dose and health effects.

(c) Develop and implement a training program for Marshallese medical and

para-medical, and/or technical support professionals for the special medical care program that includes:

(1) A needs assessment as to the types and number of professionals (physicians, physician assistants, nurses, support service technicians).

(2) Recommendations on how to meet needs using the indigenous Marshallese population.

(3) Means to provide training and "on-the-job" practical experience in the Marshall Islands.

(4) Consideration of available regional educational resources to meet these objectives.

(d) Develop and implement a plan to build an infrastructure in the Marshall Islands with respect to:

(1) Partnerships with local health care providers.

(2) Facilitating the training of Marshallese professionals.

(3) Acquisition and use of medical equipment.

Development of Documentation

At the time the special medical program is implemented, the following will be required:

(a) Written protocol(s) and/or manuals describing procedures and associated forms to be used by the medical professionals for medical examinations, patient referrals, and overall administrative implementation of a special medical care program that includes:

(1) Identities, qualifications and biographies of medical or medical program experience for all persons providing medical, technical, nursing and administrative support services.

(2) The awardee's selection and qualification criteria for all personnel who will participate in or implement the program.

(3) Involvement of local Marshallese medical, health and support personnel, including:

(i) Participation of medical and other health care or technical professionals.

(ii) As applicable, selection and qualification criteria by which these personnel will be made eligible to participate.

(iii) Provision of bilingual Marshallese/English speaking individuals for adequate communication, translation and the interpretation of examination results and meaning between the patients and the care providers.

(4) Frequency and types of patient examinations.

(5) Method(s) of patient examinations and treatments that afford personal privacy.

(6) Method(s) by which patient informed consent and medical release

will be obtained for any medical examination or treatment modality that ensures patient understanding in Marshallese.

(7) As applicable, method(s) by which a program physician will interface with existing medical care providers in the Republic of the Marshall Islands and the Pacific region and provide referrals as needed.

(8) Method(s) by which medical services will be provided to those patients (approximately 25) who habitually reside in the United States, such as other medical care insurance options in lieu of awardee provided medical services.

(9) Method(s) by which the program referring physician will consult with and remain continually cognizant of the medical condition and results of a patient referred to another medical professional or organization identified in items (7) or (8).

(10) Method(s) to inform all patients (or their designated guardians) in Marshallese of individual medical results and any additional followup actions necessary.

(11) Method(s) by which pharmaceuticals will be obtained, inventoried, managed and dispensed.

(12) Method(s) for retaining, storing, maintaining, or releasing (to honor a lawful request), patient tissue samples and specimens used for pathological classification of disease.

(13) Method(s) by which the awardee will implement the working programmatic relationships with any contractor or regional health care provider.

(b) An annual summary report (in English and Marshallese) on the following:

(1) Program activities, medical conditions and statistical analyses of the findings.

(2) Number of individuals remaining in the patient and comparison populations.

(3) The overall health of the two populations and the identification of any special risks to their health.

(4) Identification of all medical, nursing, technical practitioners and support personnel that performed provider services.

(5) Identification of patient related medical problems with recommendations for improvement or resolution.

(6) Progress made on strategic plan initiatives.

(7) Recommendations to improve programmatic functions.

(c) A strategic plan which proposes and details ways to:

(1) Achieve partnership and coordination with the RMI medical and health organizations.

(2) Evolve medical partnerships and coordinate awardee's resources, to the greatest extent possible, with local Marshallese or U.S. Federal resources, to:

(i) Strengthen local healthcare delivery.

(ii) Involve local personnel in medical activities.

(iii) Share new skills and technical knowledge.

(iv) Strengthen local land based assets such as radiologic, pathologic and laboratory support services.

(3) Maintain a cost effective medical program as the patient population ages and incurs greater needs for medical services.

(4) Use other local or regional health care and/or logistical support capabilities or services to supplement and maximize the above objectives conducted in the Marshall Islands.

(5) Use other clinical referral options outside the Marshall Islands.

Cost Reporting Requirements

(a) The awardee shall implement cost containment measures, maximization of financial savings, and negotiation of subcontracted services to maintain a high quality special medical care program in accordance with applicable medical care standards and DOE budgetary constraints. At a minimum, the cost reporting requirements that will be required under the cooperative agreement will include but not be limited to providing:

(1) Budget, financial and programmatic activity reports. The contents and formats are to be specified and revised as necessary by DOE.

(2) A monthly report of all program expenditures.

(3) Fiscal planning and budget information in the format prescribed by DOE.

(4) A separate itemized price list (detailing both direct and indirect costs) for all clinical medical examinations, treatments, services or supplies to conduct and implement the medical program for any anticipated medical referrals.

(5) A separate itemized price list for the direct and indirect medical program and non-clinical administrative and program management aspects, salaries, and supplies for the proposed support services.

(6) A separate itemized price list for any service that is anticipated to be subcontracted.

(7) A separate itemized price list for any capital equipment that must be

purchased to implement the medical program.

(8) The formula or estimated cost for each of the following non-priced listed items:

(i) Special DOE requests (e.g., record duplication, statistical analysis of medical findings, special topical reports in response to RMI or congressional inquiries).

(ii) Non-stocked medical or administrative items and supplies.

(iii) Cost of any other service or expense that the provider intends to charge but does not appear on a price list.

IV. Applications

This Notice of Availability of Funds and Request for Applications is issued pursuant to DOE regulations contained in 10 CFR part 602: Epidemiology and Other Health Studies Financial Assistance Program, as published in the **Federal Register** on January 31, 1995 (60 FR 5841). The Catalog of Federal Domestic Assistance number for 10 CFR part 602 is 81.108, and its solicitation control number is EOHSFAP 10 CFR part 602. 10 CFR 602 contains the specific requirements for applications, evaluation, and selection criteria. Only those applications following these specific criteria and forms will be considered. Application forms may be obtained at the address previously cited. Applications will be peer reviewed by evaluators apart from DOE employees and contractors as described under section 10 CFR 602.9(c), and submission of an application constitutes agreement that this is acceptable to the care provider(s) and the submitting organization.

V. Award Information and Application Format

A. General

The application shall contain two volumes, technical and cost. Technical Applications shall be no more than one hundred (100) pages in length; resumes of key personnel should be submitted as an appendix to the technical application and will not be counted against the page limit. Cost proposals have no page limit.

The cost proposal will be structured to include a five (5) year project period consisting of five one (1) year budget periods. A cooperative agreement will be awarded for the first budget year only and may be negotiated and renewed annually as continuation awards for up to four (4) additional years based on the availability of funds and the awardee's continuation application, which will be submitted not later than 120 days before the end of each budget period.

It is left to the applicant to determine how best to structure the proposal. However, the application shall include a detailed project description that discusses and demonstrates the applicant's ability to successfully conduct the RMI special medical care program in general, and to specifically perform the activities described in the draft project description in section III.B. including the technical and cost reporting requirements. The applications shall not merely offer to perform work in accordance with the draft project description but shall outline the actual work proposed as specifically as possible.

B. Specific Application Instructions

Applications must include the following information that:

(a) Demonstrates that the applicant has the experience and capability to plan, organize and manage the special medical care program.

(b) Demonstrates the competency of personnel and the adequacy of resources.

(c) Identifies technical and administrative staff, and detail their professional experience as well as their level of program involvement. In the event that any of the proposed personnel are not currently employed by the applicant, letters of commitment from those individuals shall be submitted.

(d) Itemizes the medical diagnostic or laboratory equipment that the applicant intends to use for this program, and how the applicant will integrate such equipment with the Government provided equipment listed in Appendix H.

(e) Specifies the location(s) where services will be obtained. The applicant is free to propose referral locations of its choosing within or outside of the Marshall Islands, provided that all services are made available to the entire patient population.

(f) Identifies the recommendations or standards to be used to satisfy the requirements of section III.B., paragraph (f) and any reason for exception(s) taken by the applicant to those standards.

(g) Contains initial concepts for the training program development requirements of paragraph (c) under *Direct Marshallese Involvement*.

(h) Contains initial concepts for the development and implementation of the applicant's plan to meet the Marshall Islands infrastructure requirements of paragraph (d) under *Direct Marshallese Involvement*.

(i) Contains a short-term plan detailing milestones and deadlines stating:

(1) Applicant's requirements for a transition phase with BNL.

(2) When independence will be achieved to implement all aspects of the medical program.

(j) Contains initial concepts for the strategic plan required by paragraph (c) under *Development of Documentation*, that includes milestones and deadlines for implementation.

(k) Provides a cost proposal for the first budget period year (year 1) detailing expenses associated with the following:

(1) The clinical medical aspects of implementing the special medical program.

(2) All non-medical administrative staff functions to implement the special medical program.

(3) The logistical support of the special medical program and services in the Marshall Islands.

(4) The transportation of patients within or outside the Marshall Islands.

(5) The use of any current DOE contractor.

(6) The use of any other alternative instead of the existing DOE contractors to provide any of the required services for any of the budget years.

(l) Contains estimated cost information supporting the applicant's project description for budget years 2 through 5.

VI. Application Review and Evaluation Criteria

Formal applications will be subjected to formal merit review (peer review) and will be evaluated against the following criteria, in descending order and codified at 10 CFR 602.9:

(a) The medical and technical merit of the proposed special medical program.

(b) The appropriateness of the proposed program.

(c) Competency of the program personnel and adequacy of proposed resources.

(d) Reasonableness and appropriateness of the proposed budget.

Formal applications will be peer reviewed by evaluators apart from DOE employees and contractors as described in the EH Merit Review System (57 FR 55524, November 25, 1992) and at 10 CFR 602.9. Submission of an application constitutes agreement that this is acceptable to the investigator(s) and the submitting institution.

VII. DOE's Role

In order for DOE to utilize a cooperative agreement for this medical program, there must be substantial involvement between DOE and any awardee(s). DOE established the core requirements for this program and

prepared this Notice of Availability of Funds and Request for Applications. DOE will conduct the selection and award process, which will include evaluations by persons outside the Federal Government. DOE will utilize the results of these evaluations and make one initial award. Continuation awards may be made based upon the availability of funds and other DOE performance criteria that will be set forth in any initial award. DOE will consult with program medical professionals and coordinate joint provider(s) and Marshallese community meetings. DOE will consult with representatives from the RMI national and local governments, the Department of the Interior, the Department of State and the Department of Health and Human Services on the medical program.

Finally, DOE will monitor and evaluate the performance and delivery of the medical program by conducting program reviews and the patients' level of satisfaction to determine adequacy of program delivery.

VIII. Applicants

Applicants for the cooperative agreements could include domestic or international nonprofit and for profit organizations, universities, medical centers, state or local government health care organizations, labor unions and other employee representative groups, small, minority and/or women-owned businesses or other domestic or international health care organizations. Consortiums of interested organizations are encouraged to apply. Awardee(s) for the medical program will work cooperatively with Marshallese health care providers, current DOE contractors (as applicable), other regional health care providers and designated Marshallese community representatives.

Issued in Washington, DC, on May 22, 1997.

Paul J. Seligman,

Deputy Assistant Secretary for Health Studies.

Appendix A—Definition of Radiation Related Disease, Illness or Injury

For the purposes of this program, applicants shall consider the following to be radiation related diseases, illness or injury:

- (a) Any thyroid cancer, other tumor or thyroid nodule that has been found as a result of medical evaluation.
- (b) In accordance with Public Law 101-426, "Radiation Exposure Compensation Act" (October 15, 1990), the following are considered latently expressed diseases attributed to radiation:
 - (1) Leukemia (other than chronic lymphocytic leukemia).

And the following diseases, provided onset was at least 5 years after the first exposure to radiation:

- (2) Multiple myeloma.
- (3) Lymphomas, other than Hodgkin's disease.
- (4) Primary cancer of the thyroid, provided that the initial exposure occurred by age 20.
- (5) Primary cancer of the female breast, provided that the initial exposure occurred prior to age 40.
- (6) Primary cancer of the esophagus, provided low alcohol consumption and not a heavy smoker.
- (7) Primary cancer of the stomach.
- (8) Primary cancer of the pharynx, provided not a heavy smoker.
- (9) Primary cancer of the small intestine.
- (10) Primary cancer of the pancreas.
- (11) Primary cancer of the bile ducts.
- (12) Primary cancer of the gall bladder.
- (13) Primary cancer of the liver, except if cirrhosis or hepatitis B is indicated.

Appendix B—RMI Medical Program Information:

Available RMI Medical Facilities and Services for DOE patients:

- (a) Local dispensaries at Utirik and Mejjatto provide limited medicine and first aid, and are staffed by medical personnel with MEDEX level training and experience (i.e., between a regional nurse and nurse-practitioner). Short-wave radio communications are maintained between the dispensaries and the off-island medical health care providers (up to 300 miles distant) to discuss serious medical conditions.
- (b) A small 34 bed community hospital is available with limited capabilities in a community of 12,000 living on Ebeye (an island of approximately 4 square miles located 2 miles from Kwajalein island where the U.S. Army contractor-operated hospital facility that serves the base personnel is located).
- (c) A 75 bed hospital is available with limited capabilities to serve 29,000 living on the capital island of Majuro. This hospital also receives referrals from the entire national population of 60,000.

Appendix C—Bechtel Nevada Corporation Medical Support Capabilities

- (a) Provides all logistics to transport and support medical program personnel to the Marshall Islands twice a year, which is currently limited to travel, lodging and per diem costs west of Honolulu.
- (b) Provides all logistics to transport and support ambulatory patients and their authorized medical escorts to medical facilities at Kwajalein.
- (c) Provides all logistics to transport medical personnel for subsidiary home visits to non-ambulatory infirm patients at Mejjatto, Ebeye, Utirik and Majuro.
- (d) Provides transportation and support to RMI medical personnel assigned to participate in the DOE special medical program.
- (e) Operates and provides all logistics and support services for patients referred to the

Straub Hospital and Clinic located in Honolulu, Hawaii by Brookhaven National Laboratory. The services provided include:

- (1) Bilingual Marshallese/English speaking escorts to accompany patients.
- (2) Coordination of patient travel and medical appointment schedules.
- (3) Lodging and per diem arrangements and expenses.
- (4) Coordination between Brookhaven National Laboratory and the Straub Hospital and Clinic on medical services, as required.
- (f) Conducts market research on the availability of marine assets in the U.S. and Central Pacific Area to support a limited, sea-based medical program.
- (g) Issues and monitors the Straub Hospital and Clinic medical services subcontract.
- (h) Administers and manages the DOE's interagency agreements with the U.S. Army at Kwajalein and Hickam Air Force Base at Honolulu.
- (i) Implements terms and conditions, including the making of payments and collections under DOE's agreements with other agencies, and instrumentalities of the RMI.

(j) Implements requirements as directed by DOE during the course of the year.

(l) Interfaces and coordinates with the U.S. Army at Kwajalein to provide the following in accordance with a Memorandum of Understanding between DOE and the U.S. Army:

- (1) Marine craft (currently a LCU) used to transport patients to and from Mejjatto.
- (2) Hospital services as delineated in Appendix E.
- (3) Trailer rentals for medical use (currently 2, each 660 square feet).
- (4) Housing, lodging and dining facilities for patients and medical team members.
- (5) Maintenance of facilities and equipment.
- (6) Aircraft services limited to within Kwajalein Atoll at no cost.
- (7) Automotive services used to transport patients at Kwajalein.
- (8) Recreational services for medical team use.
- (9) Public services used to announce medical team activities at Kwajalein.
- (10) Ferry services between Kwajalein and Ebeye at no cost.

Appendix D—Services Provided by the Straub Hospital and Clinic Located in Honolulu, Hawaii

- (a) Complete and comprehensive medical services for DOE patients that have radiation-related diseases.
- (b) Refers diseases diagnosed as non radiation-related back to the 177 HCP.
- (c) Provides certified and accredited medical personnel.
- (d) Provides price list as basis for charges.

Note: Straub Hospital and Clinic is accredited by the Joint Commission for Accreditation of Hospital and Health Care Organizations.

Appendix E—Medical Services Provided by U.S. Army Hospital at Kwajalein in the RMI

In accordance with a Memorandum of Understanding between DOE and the U.S.

Army, the following medical services are provided at the U.S. Army Hospital in Kwajalein:

- (a) Laboratory Services
- (b) Mammography Screening
- (c) X-ray Screening
- (d) Proctosigmoidoscopy
- (e) Limited Surgery (e.g., appendectomy, amputations for advanced diabetic conditions)
- (f) Professional Services (physicians, nurses, technicians)
- (g) Safety inspection and certification of mammography and x-ray equipment by Tripler Army hospital technical staff
- (h) Inpatient care and treatment

Note: Brookhaven National Laboratory is responsible to ensure that proper and current certification for the special medical equipment and services are in place prior to receiving services.

Appendix F—DOE Medical Program Information

1. Summary of Clinical Findings

After 41 years of medical monitoring, the most prevalent health effect has been related to thyroid function and the appearance of thyroid-related nodules and cancer. There has been one case and death due to radiation-related leukemia, two pituitary tumors and two cases of basal cell carcinoma. The major non radiation-related diseases seen in the Rongelap and Utirik people have been Type II diabetes, hypertension, cardiovascular diseases, and their associated complications.

The above information has been summarized from the report entitled, "Medical Status of Marshallese Accidentally Exposed to 1954 Bravo Fallout Radiation; January 1988 Through December 1991", by Brookhaven National Laboratory/Department of Energy, DOE/EH0493 and BNL-52470, July 1995.

2. Patient Population Description

Age range	Male	Female
30-39	1	1
40-49	57	59
50-59	28	35
60-69	15	19
70-79	8	12
80+	1	2

3. Summary of Patient Location

Patients in the Rongelap and Utirik populations are combined in the table below and represent approximate estimates of total patients in each location:

Location	Female	Male	Total
Ailinglaplap	1	1	2
Ailingnae	2	0	2
Arno	1	0	1
Ebeye	40	33	73
Hawaii	9	4	13
Kili	1	0	1
Lib	1	0	1
Mainland USA	4	2	6
Majuro	41	46	87
Mejatto	19	12	31
Mejit	1	1	2

Location	Female	Male	Total
Ujae	1	1	2
Unknown	1	0	1
Utirik	6	8	14
Wotje	1	1	2
Total	129	109	238

Appendix G—The RMI 177 Health Care Program (HCP)

(a) Currently implements DOE patient care in absence of Brookhaven National Laboratory.

(b) Provides all non radiation-related care of DOE patients.

(c) Provides general medical care for the people of Rongelap, Utirik, Enewetak and Bikini. Serves a total population of approximately 10,600 (which includes the 238 DOE patients).

(d) Refers its non-DOE patients to the Queen's Medical Center and Group in Honolulu, Hawaii. Current services provided to the 177 HCP by Brookhaven National Laboratory:

(a) Assists and provides consultations to 177 HCP medical personnel for non-DOE patients.

(b) Provides access to DOE patient medical records. Current services provided to the 177 HCP by Bechtel Nevada Corporation:

(a) Utilization of DOE mission aircraft and sea charters when possible.

(b) Facilitates entry and exit clearances for 177 HCP staff at Kwajalein.

Appendix H—DOE Equipment Used by Brookhaven National Laboratory

(a) Johnson & Johnson, Ektachem DT60 II-DTSC II Module Chemistry Analyzer, K-Number 339 4116, Serial Number 60029378

(b) Kodak-Ektachem DT60 DTSC Module Chemistry Analyzer, K-Number 337 0137

(c) Ektachem DT60 Module Chemistry Analyzer, K-Number 322 1695

(d) Calposcope

(e) Ultramark 4 Plus with transducers

(f) Nikon Microscope

(g) Sereno Baker 9118c Blood Analyzer Machine

(h) Ektachem DT60II System

(i) Biorad Micromat Model 415

(j) Beckman TJ6 Centrifuge

(k) Portable defibrillator

(l) Hoag-Streit Slip Lamp system

(m) Sun computer workstation

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DEPARTMENT OF ENERGY

Environmental Management Site-Specific Advisory Board, Rocky Flats

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: Pursuant to the provisions of the Federal Advisory Committee Act (Public Law 92-463, 86 Stat. 770) notice is hereby given of the following Advisory Committee meeting: Environmental Management Site-Specific Advisory Board (EM SSAB), Rocky Flats.

DATES: Thursday, June 5, 1997 6:00 p.m.—9:30 p.m.

ADDRESSES: Westminster City Hall (Lower-level Multi-purpose Room), 4800 West 92nd Avenue, Westminster, CO.

FOR FURTHER INFORMATION CONTACT: Ken Korkia, Board/Staff Coordinator, EM SSAB-Rocky Flats, 9035 North Wadsworth Parkway, Suite 2250, Westminster, CO 80021, phone: (303) 420-7855, fax: (303) 420-7579.

SUPPLEMENTARY INFORMATION:

Purpose of the Board: The purpose of the Board is to make recommendations to DOE and its regulators in the areas of environmental restoration, waste management, and related activities.

Tentative Agenda

(1) The Board will discuss a proposed recommendation on radioactive waste transportation issues. The proposal addresses issues related to the transportation of radioactive materials from Rocky Flats and other Department of Energy sites through Colorado to the Waste Isolation Pilot Plant outside Carlsbad, New Mexico. Specific recommendation issues include evaluating rail transportation options, escorts for shipments, testing of transportation containers, emergency medical training, terrorism plans, and accident reporting.

(2) Board members will hear a presentation regarding a proposal to designate two temporary storage areas at Rocky Flats for wastes produced by cleanup activities—one for containerized wastes and one for bulk storage.

Public Participation: The meeting is open to the public. Written statements may be filed with the Committee either before or after the meeting. Individuals who wish to make oral statements pertaining to agenda items should contact Ken Korkia at the address or telephone number listed above. Requests must be received 5 days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Designated Federal Official is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. Each individual wishing to make public