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United States Department of the Interior

OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

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January 8, 1981

To: OMS, Mr. Ronald Cogswell
DOE, Assistant Secretary Ruth Clusen
Dr. Bruce Washholz
Defense Nuclear Agency, Mr. Thomas Jeffers
HHS, Mr. Thomas Reutershan
Dr. Sheridan Weinstein
Justice, Ms. Patricia King
Justice, Mr. David W. Zugschwerdt
State, Ms. Ginger Lew
OMSN, Mr. Richard Teare
Domestic Policy Staff, Mr. Frank White
Mr. Jeffrey Farrow

Enclosed for your information and files is a copy of the preliminary report to the Congress on the Marshall's health plan, signed by Secretary Andrus on January 7, 1981.

Ruth G. Van Cleave
Ruth G. Van Cleave

Enclosure

BEST COPY AVAILABLE



United States Department of the Interior

OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

Honorable Thomas P. O'Neill
Speaker of the House of Representatives
Washington, D.C. 20515

Dear Mr. Speaker:

The Secretary of the Interior is required by section 102 of Public Law 96-205 to submit to the Congress by January 1, 1981, a plan for health care and related programs for people of the Marshall Islands. To afford to the new Administration as much flexibility as possible, we are submitting at this time only a preliminary report, with the expectation that a final plan will be submitted to you sometime after the Inauguration.

I should like to set forth below certain of the key provisions of the statute, a statement of some of the areas in which the statute presents problems of construction, information concerning the Interior Department's efforts to implement the statute, and brief summaries of the proposals received from our contractors to help us implement section 102. At this time the Department neither endorses nor rejects the conclusions contained in the proposals.

The statute

Section 102 of Public Law 96-205 contains the following provisions relevant to our current undertaking:

-- The plan required of the Secretary of the Interior results from the United States' nuclear weapons testing program conducted in the Marshall Islands during the period 1946 to 1958.

-- The beneficiaries of the plan are to be "the people of the atolls of Bikini, Enewetak, Rongelap, and Utirik and...the people of such other atolls as may be found to be or to have been exposed to radiation from the nuclear weapons testing program".

-- The plan is to consist of "a program of medical care and treatment and environmental research and monitoring for any injury, illness, or condition which may be the result directly or indirectly of such nuclear weapons testing program". The plan is to include (1) "an integrated, comprehensive health care program including primary, secondary, and tertiary care with special emphasis upon the biological effects of ionizing radiation", (2) an environmental monitoring, research, and dose assessment program, and (3) an education and information program.

-- The plan is to be developed by the Secretary of the Interior in consultation with the Secretaries of Defense, Energy, and Health and Human Services, and "with the direct involvement of representatives from the people of each of the affected atolls and from the government of the Marshall Islands".

-- The Secretary of the Interior is to submit the plan by January 1, 1981, together with recommendations, if any, for further legislation, and including his recommendation as to the feasibility of using the Public Health Service.

-- Costs associated with the development and implementation of the plan are to be borne by the Secretary of Energy.

Statutory problems

In our discussions with interested Federal agencies and with representatives of the affected people of the Marshall Islands, several areas of disagreement as to what the statute requires have emerged.

A principal dispute among the interested parties relates to the islands and atolls covered by the statute. No doubt exists as to the application of the statute to the four atolls explicitly named -- Bikini, Enewetak, Rongelap, and Utirik. At least one non-Federal party contends, however, that the statute and a foreseen program of comprehensive medical care must extend to all of the people of the Marshall Islands, on the ground that all islands and atolls in the Marshall Islands have received at least some radioactive fallout as a result of the nuclear testing program, and that all the people of those islands and atolls have therefore been "exposed" to some extent by that program.

Implementation

Immediately following the President's approval of Public Law 96-205 on March 12, 1980, the Departments of the Interior and Energy undertook to arrange the necessary funding to support the preparation of the plan. As soon as financial arrangements permitted us to do so, we invited representatives of the Marshallese and of the interested agencies to meet with us to discuss implementation of the statute. With Department of Energy funding, the Department of the Interior invited and paid the travel costs of two representatives from each of the named atolls and from the Government of the Marshall Islands, the lawyer for each if he was not Washington-based, and interpreters.

Meetings with the above-mentioned persons were held in Washington on August 4 and August 6, 1980. The basis for the meetings was a Discussion Paper prepared by the Interior Department and distributed to the interested parties in advance. All were afforded an opportunity thereafter to submit written comments on Interior's proposed procedure.

Following the meeting, Interior issued a request for proposals to organizations and individuals who were believed to be interested in preparing for us on a contract basis the medical plan required by law. The request for proposals was sent to, among others, all potentially interested parties suggested to us by Marshallese representatives. A contract was awarded in early October to the School of Health of Loma Linda University, located in Loma Linda, California. Given the statutory deadline for the submission of the Interior plan to the Congress, the time available to our contractor was limited, but the contractor met the deadline of early December.

At the request of the Department of the Interior, the Department of Energy prepared proposals for the two other components of the plan that the statute requires: an environmental monitoring, research, and dose assessment program, and an education and information program.

The three documents in question became available and were distributed to those interested, including August attendees, in early December, and a further meeting of the interested agencies and the Marshallese representatives was held on December 10 in Washington to discuss them. An opportunity to supply written comments through December 17 was afforded.

The three proposals

Attached are copies of the proposals that formed the basis of our December 10 discussions. In brief,

1. The Health Care Proposal, prepared by the Loma Linda University School of Health under contract with the Department of the Interior, presents the two alternative plans required by the Interior contract: a program of comprehensive health care for all of the Marshalls, and a program of comprehensive health care for the people of the four named atolls.

Because the peoples of the four named atolls now reside throughout many of the islands and atolls of the Marshalls (it being estimated that they now live on 50% or more of the 26 atolls and hundreds of islands that constitute the Marshalls), and because of the ethical and practical difficulties of providing one kind of medical service to one individual while not providing it to others in the same community, the Loma Linda proposal outlines an upgrading of the overall health program and the provision of comprehensive health care throughout the Marshall Islands. This alternative would provide for medical assistants on each of the inhabited islands and atolls, supported by a professional medical staff that would provide secondary and some tertiary care at the two Marshall Islands hospitals on Majuro and

Ebeye, and thereby reduce the substantial volume of secondary and tertiary care currently provided in Honolulu. The plan calls for a training program for medical assistants and higher-level Marshallese medical personnel and for improved supply and facilities maintenance. The plan relies primarily on local transportation facilities, notably service by the Airline of the Marshall Islands where available, and on field trip ships and chartered vessel service elsewhere, rather than the provision of dedicated surface vessels or aircraft. Improved radio communications between the medical staff at the hospitals and the medical assistants on inhabited islands and atolls would be essential, not only for the exchange of necessary medical information and instructions but also for decisions as to emergency medical evacuations. This alternative provides a suggested organization of the health-delivery system of the Marshall Islands, with the United States playing a major role in the direction and management of the program but preserving local authority and participation.

The estimated cost for the first year of this plan would be \$10,908,300, of which \$3 million would be funded by the Marshall Islands Government.

The second alternative contained in the Loma Linda proposal is comprehensive medical care for only the peoples of the four named atolls of Enewetak, Rongelap, Utirik, and Bikini. This alternative would provide improved primary care on the four named atolls and on other islands and atolls where peoples from these four atolls now reside. This alternative, like the first, provides for the improvement of the secondary and tertiary services at the hospitals on Majuro and Ebeye. The hospital-service improvements would provide the necessary support for the primary care system and would reduce costs associated with medical referrals out of the Marshall Islands.

The estimated cost for the first year of the proposal for provision of special care for the peoples of the four named atolls is approximately \$10,603,700, of which \$3 million would come from Marshall Islands Government funds. This estimated first-year cost is close to the estimated first-year cost under the first alternative because much of it reflects the cost of improving services at the hospitals at Ebeye and Majuro which would be required under either alternative.

Because several representatives of the Marshallese at our December 10 meeting believed it would be useful to have a cost figure for a plan of lesser scope, we asked Loma Linda to provide cost figures for a plan that would provide primary care only to the current residents of Enewetak, Rongelap, Utirik, and Kili (there being no current residents of Bikini, with Kili being the residence for the largest group of former displaced Bikinians), with secondary and tertiary care to be provided for them outside the Marshalls. Loma Linda has advised us that a program of this scope would cost \$2,855,400 for the first year.

2. The Environmental Monitoring, Research, and Dose Assessment Program, prepared for Interior by the Department of Energy, under contract, contemplates for each of the four named atolls the carrying out of comprehensive surveys and analyses of the radiological status of the atolls at appropriate intervals, but not less frequently than once every five years; the development of an updated radiation dose-assessment; and an estimate of the risk associated with predicted human exposure. The Environmental Monitoring, Research, and Dose Assessment Program Plan would utilize results of past and current DOE research programs in the Marshalls, but would also require new and direct monitoring of samples of locally-produced foods, soil samples, groundwater and cistern water-samples, dietary and consumption habits, and Gamma measurements. Additionally, research would be conducted on a wide variety of other questions, such as radionuclide cycling in atoll ecosystems, radionuclide distribution in copra products, and radiological dose assessment and risk analysis.

The estimated cost of this new program for the first full year would be \$1,140,000 if it were carried out in conjunction with on-going DOE Marshall Islands programs. The cost would increase to \$4,170,000 for the first year if the program were conducted by individuals or organizations that functioned independently of current DOE Marshall Island programs.

3. The Education and Information Program, prepared for Interior by the Department of Energy, under contract, contemplates a program to enable the people of Bikini, Enewetak, Rongelap, and Utirik, and the people of other atolls or islands found to be or to have been exposed to radiation from the nuclear tests, to better understand nuclear radiation and its effects. The basic element of the program plan is direct, face-to-face

communication with the people of Bikini, Enewetak, Rongelap, and Utirik and others affected. There would be communication with officials of the Government of the Marshalls as well. Marshallese would be trained first in the Marshalls and later in the United States to carry out the education program. Pretaped radio programs in both Marshallese and English would provide information about nuclear radiation and its possible effects. There would be systematic evaluation of the effectiveness of the communication process and modifications of the program as necessary. The program would be a continuing one, to reinforce, review, and update the information.

The estimated cost of the Education and Information Program for the first full year would be \$950,000.

Attached is a chart showing the total estimated costs of all three programs for each of the first five years.

Also attached are copies of three letters received subsequent to our meeting of December 10 with representatives of the Marshallese, among others, and pursuant to our invitation for written comments concerning the three programs then presented:

-- A letter of December 15 from Jeffrey Jefferson, representing the people of Rongelap, Utirik, and several other atolls, stating, among other things, that the monitoring and education programs are inadequate in their coverage, and that the health program does not sufficiently address the radiation-related health care needs of the Marshallese;

-- A letter of December 15 from Jonathan Weisgall, representing the people of Bikini, recommending, among other things, that primary care be provided for Bikinians resident only on Kili and Ejit, and Eneu should some Bikinians later move there, but that secondary and tertiary care be provided for all Bikinians, possibly outside of the Marshalls, as at present; and

-- A letter of December 17 from Elaine Falender, representing the Marshall Islands Government, stating, among other things, that the health care proposal is in error in stating that there are minimal radiation-related health effects evident in the Marshall Islands, and stating that the Government of the Marshall Islands continues to believe that Public Law 96-205 requires that health care be provided to all of the people of the Marshalls.

* * * * *

The three enclosed documents have not been fully reviewed by the Department or other affected agencies, nor have the proposals for health care, monitoring, and education been integrated. They differ as to their geographical coverage and contain some duplication of costs, as in the case of transportation and communication. In addition, the cost estimates have not been reviewed in any detail. The development of a single, integrated plan based on the three attached proposals cannot effectively be accomplished until various issues are resolved, and accordingly, none of the three proposals here transmitted has the endorsement of this Department or the Administration. We believe them to be useful and professional products, however, and they will unquestionably be important in the development of the plan required by the law.

From the foregoing, it will have become clear that a number of questions require further consideration. The most fundamental is the matter of the coverage of the program -- whether it should extend to all of the people of the Marshalls, to the people of the four named atolls wherever they reside and to the people of the "other atolls" that are found to have been affected, or to the current residents of selected atolls only, and if a distinction should or can be made between radiation and non-radiation related injuries and illnesses. Should an effort be made to provide for health care for peoples of named and affected atolls that is separate and apart from the health care program available to the general population of the Marshall Islands? Does the term "integrated", which the statute uses in describing the comprehensive health care program, mean that such program is to be integrated with medical programs of the Marshall Islands Government, or does it instead describe the relationship between the primary, secondary, and tertiary levels of care? To what extent should the beneficiaries of the health program, in whatever way they are defined, receive secondary and tertiary care within the Marshall Islands? Finally, if the peoples of atolls other than the four named in the statute should be provided the comprehensive care envisioned by Public Law 96-205, through what means and by what criteria should those other atolls be identified?

These are among the issues that will require attention in the weeks to come.

Sincerely,


SECRETARY

Enclosures

5-Year Estimate of Health/Education/Monitoring Costs - Marshall Islands

(thousands of dollars)

Yr	Monitoring ⁽¹⁾	Education ⁽²⁾	Health (4 Atolls) ⁽³⁾	Health (All Atolls) ⁽⁴⁾
1	1.1 (4.2) ⁽⁵⁾	1.0	10.6	10.9
2	1.2 (4.0)	.8	11.9	12.1
3	1.2 (4.1)	.4	14.6	14.8
4	1.3 (4.5)	.3	17.8	18.1
5	1.6 (5.1)	.3	20.7	21.1
5-year total	6.4 (21.9)	2.8	75.6	77.0

- (1) P. 51 - DOE Environmental Monitoring Program Plan. (Covers 4 atolls only. Figures not adjusted for inflation.)
- (2) P. 45 - DOE Education and Information Program Plan. (Covers 4 atolls only. Figures not adjusted for inflation.)
- (3) P. 110 - Loma Linda Health Care Proposal. (Covers peoples of Enewetak, Bikini, Rongelap, and Utirik. Includes inflation and population adjustment factor.)
- (4) P. 104 - Loma Linda Health Care Proposal. (Includes inflation and population adjustment factor.)
- (5) Figures in parentheses are estimates assuming monitoring program is conducted by new groups independent of current DOE Marshall Islands programs.



United States Department of the Interior

OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

JAN 14 1981

Honorable Ruth C. Clusen
Assistant Secretary for
Environment
Department of Energy
Washington, D.C. 20545

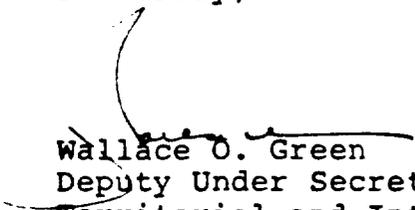
Dear Ms. Clusen:

You will recall that at the December 10, 1980, meeting at which the preliminary proposals for the various components of the Marshalls Health Plan called for in Section 102 of Public Law 96-205 were discussed, additional information was requested on two aspects.

A request was made by the representatives of the Government of the Marshall Islands for an estimate of what additional costs might be involved if the proposed plan for education and information pertaining to nuclear radiation and its effects were to be expanded to include all of the inhabited atolls in the Marshall Islands. In addition, representatives of the people of Enewetak and Bikini requested cost figures for a plan of lesser scope than either of the plans presented in the Loma Linda report. Accordingly, we asked Loma Linda to provide a cost figure for a plan that would provide primary care only to the current residents of Enewetak, Rongelap, Utirik, and Kili (the present home of most of the Bikinians), with secondary and tertiary care to be provided for them outside of the Marshall Islands.

The respective contractors were requested to provide information to respond to these requests. Copies of brief reports on these items are enclosed for your information.

Sincerely,


Wallace O. Green
Deputy Under Secretary
Territorial and International Affairs

Enclosures

School of Public Health
Loma Linda University

Addendum to Health Care Plan for the Marshall Islands

This addendum is submitted at the request of the Department of the Interior following the meeting held at the Department on December 10, 1980. The purpose is to submit a plan for limited primary health care to be provided for those inhabitants actually living on the atolls of Rongelap, Utirik, Enewetak, and Kili.

The requirements for health care for the above conditions will include the following:

1. One Medical Assistant to be employed full time and stationed on each of the four mentioned atolls. For the immediate present, if the plan were to begin before medical assistants could complete a three-year course of training, Medex could be recruited from those working at Majuro or Ebeye if the Marshall Islands government were willing to assign them to work on the atolls.
2. The present clinic facilities on each of the four named atolls should be upgraded to the status of a health center as specified in our previous report submitted to the Department of Interior on December 3, 1980.
3. Housing facilities would need to be built for each of the medical assistants.
4. Radio communication equipment would be necessary at each health center and at Ebeye or Kwajalein.
5. A special logistic supply system would need to be established at the hospital at Ebeye or Kwajalein and with a full time medical supply officer capable of handling pharmaceutical and other supplies.
6. The medical ship outlined in section XII of our report submitted on December 3 would be necessary. This ship should be outfitted with laboratory, x-ray and dental facilities on board.
7. One medical doctor (general practitioner) for supervision of medical assistants and to be assigned to the dedicated "medical ship" for the four atolls. His headquarters would be Ebeye or Kwajalein since it would be anticipated that the "medical vessel" would be headquartered at Kwajalein. Other specialized professional staff member are listed under "Manpower Needs" below.

This plan would provide primary care on each of the four atolls delivered by a medical assistant who would be supervised by a medical doctor (general practitioner). This physician would be stationed in Ebeye or Kwajalein but most of the time would be doing itinerant work aboard ship visiting the four atolls. Since this plan would provide no upgrading of the hospitals at Majuro or Ebeye, it would be necessary to send virtually all patients requiring hospitalization to Honolulu. Dental care would be provided by a part time dentist aboard the ship with assistance of a dental hygienist. One public health nurse would be employed to conduct health education programs, sanitary evaluations, maternal and child health preventive programs, immunization programs, etc.

Manpower Requirements

The manpower needs for this plan would require the following:

1. Four medical assistants
2. One public health nurse/health educator
3. One physician (general practitioner)
4. One pharmacist/logistics supply/transportation officer
5. One part time dentist
6. One dental hygienist/dental assistant

The plan is not recommended by the Loma Linda University team. The limitations of this plan are as follows:

1. The arbitrary selection of people to receive care being only those actually living on the four named atolls is unfair as it represents only a portion of the "affected" people of these four atolls.
2. This plan would not provide at the local level even the basics of primary care specialty services such as care provided by a Pediatrician, Internist, Obstetrician/Gynecologist, or General Surgeon.
3. Without adequate hospital facilities in the Marshall Islands, there would be no real emergency care available that would adequately fulfill the required needs; e.g. by the time a patient is evacuated from his home atoll and transported to Kwajalein to await a scheduled flight to Honolulu with an additional long transport, it could well be too late for emergency care to be effective.

4. There would be no specialty services for even the non-emergency care needed such as radiologic services, psychiatric examinations, orthopedic evaluations, ophthalmologic evaluations, etc. It is highly inappropriate to refer non-English-speaking people to Honolulu for any evaluation required by one of the medical specialists and it is impractical to transport the specialists to the Marshall Islands for consultations on such a small population base.
5. This plan would provide no capability for the Marshall Islands Government to take over the required care even with long range planning.
6. This plan would not be cost effective.
7. Without adequate local hospital facilities, it would be very difficult to recruit a physician for the responsibility involved as this would place him in the untenable position of having responsibility for total primary care including emergency care but would provide no adequate support in terms of local hospital facilities to enable him to render the mandatory care within his capability.
8. The social disruptions and secondary effects of transporting large numbers of non-English-speaking people to Honolulu would result in many secondary negative situations.

Budget Breakdown for 4 Atoll Only Proposal
(dollar amounts in Thousands)

Overhead (40% of Personnel)	88.4
Training	
Contractor Services	50
Scholarship	72
Supplies	
Medical	200
Other	30
Equipment	
Medical	250
Other	50
Building (lease)	25
Personnel	
Physician/Dental (Expatriate U.S.)	80
Medical Support (Expatriate U.S.)	60
" (Marshallese)	48
Other (Expatriate U.S.)	23
" (Marshallese)	10
Transportation	
Recruiting	75
Ship	1,059
Other	25
Referrals	480
Communication	10
New Construction	200
Maintenance	20
Total	2,855.4



Department of Energy
Washington, D.C. 20545

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DEC 31 1980

Mr. John E. DeYoung
Territorial and International Affairs
U.S. Department of the Interior
Washington, D.C. 20240

Dear Mr. DeYoung:

During the meeting of December 10, 1980, the question was asked what additional costs might be involved if the proposed program plan for education and information pertaining to nuclear radiation and its effects were to be expanded from the peoples identified in Public Law 96-205 to include all of the inhabited atolls in the Marshall Islands. Mrs. Ruth Clusen, Assistant Secretary for Environment, indicated that we would provide this information.

The staff at the Pacific Northwest Laboratory of Battelle Memorial Institute, who prepared the original program plan at our request, have provided the following cost estimates:

1. As presented in the submitted plan, the cost of the program for the first three years was estimated to be \$2,200,000 for the peoples of Enewetak, Bikini, Rongelap and Utirik. You may recall that the plan proposed that 3 persons from the populations of each of these atolls, plus 4 other persons, be trained in Majuro and in the United States prior to conducting education/information meetings with the peoples of the 4 atolls.
2. If the program is expanded to include all inhabited atolls the preliminary estimated additional cost is \$3,600,000, for a total 3 year estimated cost of \$5,800,000. This assumes that 3 trainees are selected from each of the inhabited atolls in the Marshall Islands and trained as indicated in the program plan.
3. If it were feasible for the original 16 trainees, primarily from Enewetak, Bikini, Rongelap and Utirik, to present the education/information program to the peoples of all of the other inhabited atolls in the Marshall Islands, the preliminary estimated additional cost is \$2,100,000, for a total 3 year estimated cost of \$4,300,000.

These values are estimates, the basis for which can be provided if necessary. However, more detailed planning would be required if the Department of the Interior were to propose to the Congress an education and information program encompassing all of the inhabited atolls.

Please also note that, as stated in the proposed program plan, these are United States costs and do not include possible Marshallese costs.

Sincerely,



Bruce W. Wachholz, Ph.D.
Office of Health and Environmental
Research, Office of Environment