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United States Department of the Interior

OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

December 22, 1980

To: OMB, Mr. Ronald Cogswell
DOE, Assistant Secretary Ruth Clusen
Dr. Bruce Wachholz ✓
Defense Nuclear Agency, Mr. Thomas Jeffers
HHS, Mr. Thomas Reutershan
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

As promised in my note of December 12, which transmitted a draft letter on the Marshalls health plan, you will find attached hereto a new version of the letter, dated December 22. I have shown the changes on the face of the December 12 draft, with the hope that that would facilitate your review.

I am also attaching copies of the three letters that would be transmitted by the attached draft. We assume you have, or can get, copies of the three basic proposals. Let us know if you need them, or anything else, that we in Interior can supply.

We expect to receive the information needed for the insert on page 8 later today. When we have it, we will proceed, today or tomorrow, to send forward through official channels a version corresponding to the attached. Please, therefore, let us have any adverse comments you may have as soon as possible. As before, Mr. de Young and Mr. Milner (343-6816) and I (343-4822) stand ready to receive them.

Merry Christmas.

Ruth G. Van Cleve

Mrs. Ruth G. Van Cleve
Interior

Attachments

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.

12/22/80
DRAFT ~~12/12/80~~
Interior, TIA
R. VAN CLEVE

To the Speaker of the House and the President of the Senate

Dear _____:

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. ~~Owing to the current transition to a new Administration, and to our desire~~ To afford to ~~that~~ THE NEW Administration as much ~~freedom of action~~ 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 some time 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 we have elicited to form the basis for the plan to be submitted later to the Congress

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 ~~on the one hand,~~ 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". ~~On the other hand,~~ The plan is to ~~set~~ INCLUDE ~~forth~~ (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 likely agreement and disagreement as to what the statute requires have emerged. While unanimity may be lacking, we believe that there is a consensus on the following points:

-- The medical care to be provided is "comprehensive" care, including primary, secondary, and tertiary care, and ~~the medical care to be provided~~ is accordingly not ~~to be~~ limited to injuries, illnesses, or conditions resulting from the nuclear weapons testing program.

-- With respect to the four atolls named in the statute, the medical care and other program benefits to be provided are not to be limited to the current residents of those atolls, but are instead to be provided to the "people" of those atolls, wherever they may now reside in the Marshall Islands.

There is dispute among the interested parties, however, as to the islands and atolls covered by the statute. No doubt exists as to the application of the statute to the people of the four atolls explicitly named -- Bikini, Enewetak, Rongelap, and Utirik. At least one party contends, however, that the statute and the foreseen program of comprehensive medical care must extend to all of the people of the Marshall Islands, ~~this~~ on the ground that all islands and atolls in the Marshall Islands have received (at least some) radioactive fallout, ~~and all~~ the people of those islands and atolls have (therefore been "exposed") ~~thus been affected~~ to some extent by ~~the nuclear weapons testing~~ (that) program. The Department of the Interior believes that the Congress intended to provide a program to benefit more than the people of the four named atolls, but that it did not intend that the program comprehend (the entire Marshallese people.) ~~all of the Marshall~~. That is, we believe that the soundest reading of the statute ~~indicates~~ is that the program is to apply to the people of the four named atolls (wherever they may now reside,) plus the people of such other atolls as were ~~directly~~ affected by the weapons testing programs, in some manner significantly greater than were people in other parts of the world.

So extensive a program would, in our view, require further legislation.

The question then arises as to how "such other atolls" are to be identified. A procedure that could be utilized would be a rule-making under

the Administrative Procedure Act, by which the Secretary of the Interior would establish the criteria to be used in determining which "other atolls" have been affected by the testing program. We would expect that those criteria would be developed in the first instance by an inter-agency group, because many Federal agencies are concerned with the matter of radiation standards. The procedure, therefore, for the designation of "other atolls" that would benefit from the program required by Public Law 96-205 would necessarily be a protracted one. There would unquestionably be disputes among those interested as to what the criteria should be, and whether SPECIFIC atolls are or are not comprehended by those criteria.

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 AND OF the interested agencies ~~and~~ representatives of the Marshallese to meet with us to discuss Interior's proposed 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 ~~such group,~~ if he was not Washington-based, and ~~translators.~~ INTERPRETORS.

Meetings with the ~~foregoing~~ 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 the law. The request for proposals was sent to, among others, all POTENTIALLY INTERESTED PAR ~~addressees~~ 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 contract OR MET THE deadline of early December. ~~however, was met by Loma Linda.~~

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.

Did DOE meet the deadline?

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 alternative preferred by~~ the Loma Linda proposal ~~is~~ OUTLINES an upgrading of the overall health program, and THE PROVISION OF comprehensive health care, throughout the Marshall Islands. This ~~proposed plan~~ 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 ~~Much~~ secondary and tertiary care ~~is~~ currently provided in hospitals 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 ~~the Air Marshalls service~~ and on where available, field trip ships, and chartered vessel service elsewhere, rather than the provision of dedicated surface vessels or aircraft. ~~The establishment of~~ 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, ~~while~~ 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 ~~provided from~~ FUNDED BY THE Marshall Islands Government. ~~funding sources~~.

The second alternative contained in the Loma Linda proposal ~~contemplates~~ 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 costs 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 for residence of the largest group of former displaced Bikinians), with secondary and tertiary care to be provided for them outside the Marshalls, as is currently the case. Loma Linda has advised us that

(fill in when received)

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, ~~collection,~~ groundwater and cistern water samples, ~~collection,~~ dietary and consumption habits, and Gamma measurements. Additionally, research would ~~need to~~ be conducted ~~over~~ on a wide variety of other questions, ~~areas,~~ 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 elements of the program plan ~~are~~ 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. ~~Local~~ Marshallese ~~individuals~~ would be trained to carry out the education program. ~~These participants would be trained~~ first in the Marshalls and later in the United States. Pretaped radio programs, ~~presented~~ in both Marshallese and English, would provide ~~broadcast~~ 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.

INSERT X-p.13 →

As an examination of the three enclosed documents will quickly disclose, the PROPOSALS FOR HEALTH CARE, MONITORING, AND EDUCATION have not yet been integrated. They differ as to their geographical coverage, and CONTAIN some duplication of costs, as in the case of transportation and communication. ~~is contained in them as they stand.~~ 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. We believe them to be useful and professional products, and they will unquestionably be important in the development of the plan required by the law, but we will withhold endorsement until an integrated plan is developed. ~~it is not yet possible for us to recommend any of the three.~~

From the foregoing, it will have become clear that a number of questions require further consideration. The most fundamental is the matter of the geographic coverage of the program — whether it should extend to ALL OF the people ~~of all~~ 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. 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 use of~~ 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 ~~only~~ 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 some tertiary care within the Marshall Islands? If the peoples of atolls, other than the four named IN THE STATUTE ~~atolls,~~ should be provided the comprehensive care envisioned by Public Law 96-205, through

what means and BY ~~on the basis of~~ what criteria should those other atolls be identified? ~~And~~ Finally, given the population dispersion that has occurred and is occurring, and the cost of improving the secondary and tertiary facilities in the Marshalls for the most narrowly defined group of eligible beneficiaries, should the United States choose to provide assistance to the Marshall Islands to upgrade the health care program ~~come~~ for all Marshalls residents?

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

Sincerely,

SECRETARY

Insert X

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 Jonathon 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.

* * * * * *

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December 17, 1980

Mr. Wallace O. Green
Assistant Secretary Designate
Territorial and International Affairs
Office of the Secretary
Department of Interior
Washington, D.C. 20240

Dear Wallace:

After reviewing the study prepared for the Department of the Interior by the Loma Linda University School of Health, entitled Marshall Islands-A Health Care Proposal in Response to P.L. 96-205 and RFP #14-01-0001-80-R-75 (the "Health Care Plan"), and the Marshall Islands Radiation Education and Information Program Plan (the "Education Plan") and the Environmental Monitoring, Research and Dose Assessment Program Plan for P.L. 96-205 (the "Monitoring Plan"), prepared for the Department of Energy by the Pacific Northwest Division of the Battelle Memorial Institute, and in light of the meetings held at the Department of Interior, on December 10, 1980, to discuss these Plans, I offer the following comments on behalf of the Government of the Marshall Islands. Due to strike related airline scheduling difficulties, and in order to return home in time for the Christmas holiday, Chairman Jeton Anjain, Foreign Secretary DeBrum, and the other members of the delegation of the Government of the Marshall Islands who attended the December 10 meetings, departed for Majuro immediately thereafter. The delegation may wish to submit additional comments on the Plans from Majuro. However, in order to meet the December 17, 1980 deadline for comments, announced by Mrs. VanCleve at the December 10 meeting, I forward these preliminary comments to you at this time.

Health Care Plan

Considering the constraints imposed by the scope of its contract and shortness of time available to prepare a plan, the Loma Linda University School of Health has submitted an exceptionally fine health care plan which would address critical health care needs in the Marshall Islands and which accurately reflects the mandate of Public Law 96-205. As will be discussed below, however, we must take strong exception to certain critical and erroneous conclusions, based on sparse and scientifically biased data, regarding the presence, or lack of presence, of radiation related health effects in the Marshall Islands. The following comments on this and other issues are presented below roughly in the order in which they arise from the text of the report.

On page three of the Introduction, the report refers to meetings with various officials of the Marshall Islands Government, including the "king." We note that the President is the chief executive of the Constitutional Government of the Marshall Islands and that the Marshall Islands does not have a "king."

We also point out an historical error on page one of the Cultural and Historical Data section in which the report states that the Marshall Islands were a part of the imperial holdings of Spain and were seized from Spain by Germany. The Marshall Islands, in contrast to many other island groups in the same general area of the Pacific Ocean, was never part of the Spanish empire. In 1873, Spain attempted to establish its jurisdiction in the Marshall Islands by requiring vessels sailing for the Marshall Islands to pay license fees and custom duties. However, Germany and Britain, the two other major trading nations in the area, refused to comply or to recognize Spanish jurisdiction. On November 28, 1878 at Jaluit the Imperial German Government recognized the independence of the Marshall Islands by signing a commerce and navigation treaty with Iroij Laplap Kabua and Iroij Letabalin. The German Government recognized the Marshallese flag and established a consulate in Jaluit. Accordingly, the Marshall Islands was an independent state in 1885 when Iroij Laplap Kabua and four other Iroij of the Marshall Islands signed an agreement of protec-

torate with Lieutenant Captain Roetger, a gunboat commander acting on behalf of the Government of Germany. The report submitted by Loma Linda should be amended to reflect these historical facts.

The Government of the Marshall Islands shares the view of Loma Linda that inter-atoll air transportation is critical to the delivery of the health care services required by P.L. 96-205 and, particularly, in relation to emergency referrals. The Health Care Plan assumes that such services will exist. The Government of the Marshall Islands has created the Airline of the Marshall Islands to provide inter-atoll air services and has undertaken an active program of airstrip construction on the outer islands. Unfortunately, recent decisions of the Government of the United States regarding the establishment of a Marshall Islands civil aviation authority and the certification and inspection of aircraft severely hinder the continuation and expansion of air services and thereby deny crucial emergency services to the outer atolls. While refusing to permit a Marshall Islands air authority to be established for aircraft inspection and certification, the United States also refuses to certify and inspect Marshallese aircraft itself. The Government of the Marshall Islands places top priority on the resolution of these issues and, in this connection, reiterates its repeated previous requests that the Department of the Interior make every effort to obtain from this Administration an executive order explicitly extending to the Marshall Islands in the pretermination period, pending the establishment of a Marshallese civil aviation authority, Titles V, VI, and VII of the Federal Aviation Act of 1958, as amended.

The Government of the Marshall Islands takes the most strenuous exception to the statement in paragraph three of the Executive Summary of the Loma Linda report that "[t]here are minimal radiation related health effects evident in the Marshalls." Similar statements also appear elsewhere in the report. As the representative of Loma Linda admitted in the meeting of December 10, 1980, the mandate of the Interior Department contract with Loma Linda did not ask the contractor to determine the extent of radiation related health effects and, therefore, Loma Linda made no independent medical effort to detect potentially radiation related health effects. The statement in the report apparently was based entirely on a cursory review of

incomplete medical records, brief interviews with a limited number of Marshallese citizens and a quick reading, without independent analysis, of reports prepared by the Brookhaven National Laboratory. We do not fault Loma Linda for not undertaking the extensive medical, epidemiological and other scientific testing necessary to analyze the health effects of radiation exposure on the Marshallese people. However, absent such independent testing and analysis, we cannot accept a conclusion by Loma Linda disclaiming the existence of radiation related health effects.

At the present time, the data necessary to determine the extent of radiation related health effects throughout the Marshall Islands simply is not available. The Government of the Marshall Islands has repeatedly requested since May of 1979 that medical analysis, including blood chemistries, be conducted to detect potentially radiation related diseases throughout the Marshall Islands, and particularly in the northern atolls, other than Bikini, Enewetak, Rongelap and Utirik. Unlike Bikini, Enewetak, Rongelap and Utirik, these other atolls virtually have been ignored by previous United States investigations. Although we have engaged in extensive discussions with the Department of Energy and the Department of Interior regarding the initiation of such a program, and were told that the United States was prepared to begin medical and other blood chemistry analysis in these previously ignored northern atolls, no such testing has been conducted. Similarly, the United States repeatedly has promised to provide to the Government of the Marshall Islands access to the data accumulated by the United States in the conduct of its Northern Marshall Islands Radiation Survey. However, each time the Government of the Marshall Islands seeks to enforce that promise, as they did at the interagency meetings at the Interior Department in May of 1979, in August of 1980 and again on December 10, 1980, the United States has responded that the data was not yet available, but would be forthcoming within the next few months. The Government of the Marshall Islands must have access to this data, in raw form, in order to conduct the independent analysis which is critical to the effective and statutorily mandated participation of the Government of the Marshall Islands in the implementation of P.L. 96-205 and in the conclusion of the political status negotiations.

Although firm, credible, scientific data is not now available to definitively determine the existence of radiation related health effects in the Marshall Islands, the limited information which has been gathered is profoundly disturbing. In May of 1979, the Government of the Marshall Islands presented to the United States the data gathered from an informal questionnaire answered by many of the people of Likiep Atoll. The people reported repeated incidences of birth defects, thyroid abnormalities and other health problems of a nature frequently found to be radiation related. The United States promised in June of 1979 to send doctors to provide medical care to these people, but the doctors still have not arrived. Similar reports of such health problems repeatedly are heard throughout the Marshall Islands. Moreover, the health statistics included in the Loma Linda report itself, particularly the death statistics in Table 4 on page 10 of the Health Status Section of the report, evidence a great number of deaths from causes frequently linked to radiation exposure. The Loma Linda report, however, passes over this data without comment.

The Loma Linda report apparently accepts at face value conclusions reached by Brookhaven National Laboratories regarding the "normal incidence" of certain diseases in the Marshall Islands. These conclusions rely on comparisons made between some of the people of Rongelap and a supposed "control population" of other Rongelap people and Marshallese people of other atolls. As the Government of the Marshall Islands previously has pointed out, the concept of a control population is wholly inappropriate within the Marshall Islands, where all atolls received exposure to radiation from the weapons testing program and where people and food stuffs from the more heavily exposed areas have travelled throughout the Marshall Islands. The Loma Linda report states this problem quite well on page 12 of the Health Status section, but fails to address the linkage between the lack of a viable control population and the invalidity of conclusions, predicated on the false concept of a control group, reached in much of the existing learning.

In view of the radiation exposure received by the entire Marshall Islands, in varying levels, as a result of the nuclear weapons testing program, and the known and suspected, long and short term health effects of both high

and low levels of radiation exposure, the Government of the Marshall Islands views as critical to the implementation of P.L. 96-205 the conduct of medical screening, including blood analysis and other testing, of people of all of the atolls of the Marshall Islands. Such testing, and the even more critical follow up medical care, are long overdue and go to the heart of the health care program mandated by P.L. 96-205.

Despite the unjustifiable conclusions stated in the Loma Linda report regarding the existence of radiation related health problems in the Marshall Islands, many of the other observations made and conclusions reached in the report, particularly in the section entitled Four Atoll Proposal, are extremely sound and echo views previously expressed by the Government of the Marshall Islands. We particularly wish to express our concurrence with the conclusion of Loma Linda that the only cost effective, economically sensible way to implement the health care plan required by P.L. 96-205, given the great number of fixed costs, is to have the health care services which are provided utilized by the entire population in the area serviced, namely the entire population of the Marshall Islands. In addition to the economic wastefulness of limiting the available services to some, but not all residents, we strongly affirm the conclusion of the Loma Linda School of Health that denial of available medical services to part of the Marshallese population would be ethically impermissible under the guidelines of the medical profession and general ethical principles. It remains the position of the Government of the Marshall Islands that every atoll in the Marshall Islands was exposed to radiation from the nuclear weapons testing program within the meaning of P.L. 96-205 and that health care made available under that law must be provided without discrimination to the people of all of the atolls of the Marshall Islands.

The Loma Linda report states on page 2 of the Four Atoll Proposal section that "[i]t is medically impossible to distinguish in any particular individual whether a disease complex or symptom is radiation related or not." Similarly, on page 12 of the Health Status section the report states that "[it] is inherently difficult and impractical to dis-

tinguish with any precision in any individual case whether a particular illness is radiation related or not." Throughout the report and in the oral presentations on December 10, 1980, Loma Linda implies that attempts to make such distinctions would not only lead to medically inconclusive results but also would require extremely costly testing procedures. The report also recognizes that attempts to classify the health problems of certain individuals as not being radiation effects will undoubtedly provoke continuing protracted and costly legal disputes. In view of these statements and imputations in the report, it is crucial that the Department of Interior obtain an estimate of the likely costs involved in conducting the necessary tests even to attempt to determine, with any degree of certainty, that particular health effects evidenced in an individual are not radiation related. It is our belief that these costs, considered together with the costs of providing health care to all of the people of Bikini, Enewetak, Rongelap and Utirik, will far exceed the cost of providing health care services to the entire population of the Marshall Islands as we believe is mandated by P. L. 96-205.

Education Plan

Pending further input from the Marshall Islands Government delegation to the December 10, 1980 meetings, I offer two general comments with regard to the Education Plan. On page 5 of the Plan, the Pacific Northwest Division lists several government officials with whom they spoke prior to drafting the plan. This listing gives the impression that the contractor held formal consultations with the Government of the Marshall Islands. As Foreign Secretary DeBrum pointed out at the December 10 meeting however, no such consultations were held. In fact, the Pacific Northwest Division insisted on coming to the Marshall Islands at a time when they specifically had been notified by the Government of the Marshall Islands that the appropriate government officials would not be in Majuro but would be in Hawaii for political status discussions with the United States. Although the contractors undoubtedly obtained useful input from those persons with whom they spoke, they timed their visit so as not to afford themselves the opportunity to consult with the most informed and directly involved government officials. The Government of the Marshall Islands looks forward to participating in the implementation of an education plan but insists that full consultations, with appropriate officials

designated by the government for that purpose be, carried out on an ongoing basis.

The program presented in the Education Plan is characterized as directed only to the people of Bikini, Enewetak, Rongelap and Utirik.

As discussed in relation to the Health Care Plan, P.L. 96-205 mandates that the programs provided under the law be provided to people of all atolls exposed to radiation from the nuclear weapons testing program. This requires that the Education Program be directed to all of the people of the Marshall Islands.

At the December 10, 1980 meeting, the representative of the Pacific Northwest Division stated that extension of the program to the entire Marshall Islands would triple program costs. This conclusion is totally at odds with the program proposal. As outlined in the Education Plan, the bulk of the training effort, educational sessions radio broadcasts and other aspects of the program will be conducted on Majuro. In order to reach all of the people of even Bikini, Enewetak, Rongelap and Utirik, additional programs must be conducted on atolls throughout the Marshall Islands where they reside. The Education Plan presents no basis for the conclusion that the program costs would increase significantly if the program were extended to all Marshallese citizens.

Monitoring Plan

The statements above regarding the scope of P.L. 96-205 apply equally to the Monitoring Plan. The environmental research and monitorings mandated under the act must be conducted throughout the Marshall Islands. Unless such studies are made, the extent of radiation related health effects, and continued radiation hazard cannot be determined.

Since no definitive radiation measurements are available either for the fallout experienced by the Marshall Islands as a consequence of the weapons testing or for body dose exposure on the atolls, the only meaningful assessment of the risk factor created by the exposure is the current and recurrent determination of somatic effects in the potentially affected population. Furthermore, Dr. Robert G.

Loeffler, who has attempted to identify some of the medical information which must be obtained in order to determine the extent of potentially radiation related abnormalities in the Marshall Islands, advised us that since radiation induced carcinogenicity requires long latency periods (10-20 years for some solid tumors) retrospective analysis of incomplete, nondirected medical records are clearly inadequate to establish possible secondary deleterious effects. Recognizing that the proposed surveys of health effects will of necessity be incomplete, Dr. Loeffler is of the view that we must attempt to provide answers at least to the following specific questions.

I. What evidence exists of developmental effects associated with radiation?

This may be established by individual and population data of histories and physical examinations to include anthropometric data (adult and pediatric). Population genetic studies including cytogenetic chromosoural analyses should be conducted.

II. What evidence exists of late somatic effects associated with radiation?

This determination would require:

a) Thyroid cancer and malfunction screening to include:
- History and physical examinations
- Technitium radioisotope gamma camera imaging scanning (alternatively radioactive Iodine scanning)
- Biochemical analyses including Thyroglobulin determination by radioimmune assay
- T4 and TSH by radioimmune assay - standard SMAC 20 for general screening purposes (Calcium, Phosphorus, Alkaline Phosphatase and Cholesterol included)
- Thyroxine Binding Globulin determination
- If indicated, in selected cases, needle aspiration biopsy for cytological examination and possible surgical intervention

b) Leukemia screening to include:
- History and physical examination
- Complete peripheral bloodcount

- Sedimentation rate
- If indicated, in selected cases, bone marrow aspiration or biopsy

c) Bone and Cartilage sarcoma screening to include:
- History and physical examination
- Technitium99 diphosphanate gamma imaging
- Radiographic chest examination and skeletal survey where indicated
- If indicated, in selected cases, open or closed biopsies

d) Lenticular opacification screening to include:
- Opthamological examination to include slit lamp

e) Skin cancer screening to include:
- History and physical examination
- If indicated, in selected cases, incizional or excizional biopsies

All of the above studies must also be done on an appropriate control group to provide meaningful statistical analyses and conclusions. These suggested tests were the subject of discussions between Dr. Loeffler and representatives of the Department of Energy and Brookhaven National Laboratory. At that time, Dr. Loeffler and the DOE and Brookhaven representatives reached a meeting of the minds regarding certain modifications of this list. However, we still await the promised final response from DOE.

The information which we are seeking is crucial to the Government of the Marshall Islands and to the Government of the United States in carrying out our shared determination that the necessary medical treatment be provided to all people of the Marshall Islands affected by the United States nuclear weapons testing program as mandated by Public Law 96-205.

Sincerely,

Elaine S. Falender

Elaine S. Falender

ESF:jdh
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Hon. Henry M. Jackson
Hon. James A. McClure
Hon. Amata Kabua
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December 15, 1980

Mrs. Ruth Van Cleve
Deputy Assistant Secretary-Policy
Territorial and International Affairs
United States Department of Interior
Room 4310
Washington, D.C. 20240

Dear Mrs. Van Cleve:

I am writing on behalf of the people of Bikini to comment on the papers presented by the three contractors at the December 10 meeting regarding implementation of the three programs called for under Section 102(a) of Public Law 96-205 ("the Act"), and to recommend a decision the Secretary of Interior should make in his upcoming report to the Congress, which is mandated by Section 102(b)(1) of the Act. That section requires the Secretary to submit his plan to the Congress by January 1, 1981 "together with his recommendations, if any, for further legislation."

My comments are limited to the comprehensive health care plan covered by Section 102(a)(1) of the Act, which was prepared by the Loma Linda University School of Health. I have no specific comments on the other two reports, mandated by Sections 102(a)(2) and (a)(3) of the Act, which concern an education and information program regarding nuclear radiation and periodic comprehensive surveys and dose assessments for Bikini, Enewetak, Rongelap and Utirik Atolls.

At the outset, I believe that, given the time constraints and the scopes of work pursuant to which the three studies were conducted, all three organizations prepared excellent plans. Nevertheless, in light of the results of the Loma Linda study, the Secretary's plan to Congress should recog

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nize the shortcomings of the study's two plans and propose a third plan.

The Loma Linda study proposed two five-year budgets for the operation of comprehensive primary, secondary and tertiary health care programs in the Marshall Islands -- one for the entire Marshall Islands (population approximately 33,000) and one for the people of the four atolls of Bikini, Enewetak, Rongelap and Utirik (population approximately 3,000). The budget figures are as follows:

	Entire Marshall Islands	Four Atolls
Year 1	$10,908,200	$10,603,700
Year 2	$12,103,300	$11,917,100
Year 3	$14,824,100	$14,598,200
Year 4	$18,120,500	$17,766,700
Year 5	$21,124,500	$20,700,000

See pages 104 and 110 of the Loma Linda study.

The differences between these two programs are miniscule. According to the Loma Linda study, the five-year cost of the four-atoll program would be $75,585,700. For an incremental cost increase of less than 2 percent -- $1,494,900 -- comprehensive health care could be provided for all the Marshall Islands.

The reason for the slight difference is simple: The Loma Linda study interpreted the "people" of the four atolls to include all the people of such atolls, wherever they may be residing. The "peoples" of Bikini, Enewetak, Rongelap and Utirik are now living on approximately one-half of the 26 atolls in the Marshall Islands, including the heavily populated atolls of Majuro and Kwajalein, so that over 75% of the present Marshallese people have members of the four-atoll populations among them. As a result, the Loma Linda projections for a four-atoll program closely parallel its projections for a comprehensive program.

While Loma Linda's cost projection for a comprehensive program may be realistic, they seem to make no sense when

applied to the people of the four atolls. For example, the Loma Linda contractor stated at the December 10 meeting that, statistically, only "a handful" of the peoples of the four affected atolls would be expected to require secondary or tertiary health care in any given year. Yet the Loma Linda figures for the four-atoll program provide that $7.2 million of the first year's budget of $10.6 million will be spent on secondary or tertiary health care. These expenditures, as explained in the report, relate primarily to improvements in the Majuro and Ebeye hospitals. Yet the Loma Linda report fails to compare the secondary/tertiary costs associated with improved hospital facilities in the Marshalls to the costs of referring this "handful" of people to other hospitals, such as Tripler in Hawaii. As the Loma Linda spokesman admitted at the December 10 meeting, this $7.2 million cost, which is projected to rise annually, could be reduced by approximately 90% by referring the "handful" of patients from the four atolls in need of secondary or tertiary care to hospitals outside the Marshalls.

The key to this entire problem, as noted above, lies in the assumption made by the Loma Linda report, and apparently by the Department of the Interior, that "people" of Bikini Atoll means all the people of Bikini, wherever they may be located. There are today approximately 925 Bikinians. Nearly 550 reside on Kili Island, about 140 are on Ejit Island in Majuro Atoll, approximately 100 live on other parts of Majuro, approximately another 100 live in Ebeye. The remainder are scattered throughout the Marshall Islands, and some are attending school in the United States.

It is important to recognize that not all of the people of Bikini have received the same treatment from the U.S. Government in the past. For example, in 1946, when the U.S. Government first became involved with the people of Bikini, it moved the 170 people living on Bikini Atoll to Rongerik, but it made no provisions for the 48 Bikinians who were then related to the Bikini community but living elsewhere at that time. See R.C. Kiste, The Bikinians: A Study in Forced Migration 39 (Cummings Publishing Co. 1974). Over the years, between approximately 60% and 75% of the Bikini population has remained together as a "hard-core," exclusive Bikini community. In 1946, 78% of the community lived on Bikini. In 1964, 282 of the 459 Bikinians, or 61%, lived in the hard-core group on Kili. In 1969, 344 of the group's population of 540, or 64%, lived on Kili. Kiste, supra, p. 39. Today,

approximately 550 of the 925 Bikinians, or 60%, live on Kili, while an additional 140, or 15%, live on Ejit. The combined Kili and Ejit populations comprise 75% of the total Bikini population.

Different U.S. programs have benefited the Bikinians differently. For example, all 925 Bikinians share equally, on a per capita basis, in the trust fund established by Public Law 94-34 and augmented by Public Law 95-348. However, only the Bikinians living on Kili and Ejit receive U.S.D.A. supplemental food; the Bikinians living elsewhere in the Marshalls do not receive these direct benefits. Other U.S. programs, such as the proposed airstrip for Kili, will be of direct benefit only to the Kili residents. In sum, different U.S. programs serve different needs. Some programs have been directed to all the Bikinians, some to those Bikinians on Kili and Ejit and others only to those on Kili.

I have found nothing in the legislative history of Public Law 96-205 suggesting that Congress intended to provide health care for all the people of Bikini. That is not to say that the Bikinians would oppose such a measure; indeed, they would welcome such a program. However, if the first year's cost of providing health care to all the people of the four affected atolls is $10.6 million, and the cost of providing nearly the same health care to most of the people of such atolls is 90% less, the second option should be seriously considered, especially in light of the new mood on Capitol Hill regarding federal expenditures.

The program I propose -- which was not one of the two budgeted in the Loma Linda report -- would consist of the following:

1. For primary health care, establish on Kili and Ejit Islands, and Eneu, if the people decide to move back to Bikini Atoll, a dispensary/clinic together with a resident health officer or assistant and adequate supplies. This will serve the primary health needs of 75% of the Bikinians, a group consisting of those most in need of -- and deserving of -- primary health care. Other Bikinians, now living in Majuro, Ebeye and other parts of the Marshall Islands or the United States, would continue to rely on existing primary health care facilities in their communities.

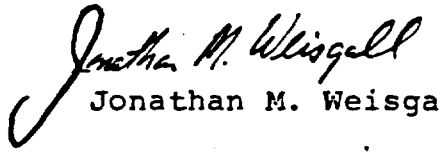
2. Provide all Bikinians with photographic identifica-

tion cards that will permit them to receive free secondary and tertiary health care at certain specific hospitals, such as Majuro and Ebeye or, as required, Kwajalein or Tripler. This system is presently employed for all the peoples of Rongelap and Utirik Atolls, including the directly irradiated population and the control groups.

This type of program, which could be copied for Enewetak, Rongelap and Utirik Atolls, would accomplish several goals. First, it would achieve the basic purpose of the legislation -- providing comprehensive health care to the direct victims of the U.S. nuclear testing program in the Marshall Islands. Second, it would effectuate such a program at a reasonable cost. The two Loma Linda proposals amount to nothing less than comprehensive health care programs for the entire Marshall Islands, complete with major improvements in the Majuro and Ebeye hospitals -- a laudable goal but not the Congress' intent in enacting Public Law 96-205. Third, this program would minimize the Loma Linda report's concern that it is "ethically impossible" to provide special health care, let us say, for the Bikinians living on Ebeye and deny it to their neighbors. In fact, it does no more than bring primary health care to Ejit and Kili and provide all Bikinians with the same level of care as is presently enjoyed by the people of Rongelap and Utirik.

I urge you to ask the Loma Linda University team to estimate the annual costs for the above-described proposal and that the Secretary give strong consideration to such a program in his report to the Congress.

Sincerely,



Jonathan M. Weisgall

JMW/dmk
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