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ENERGY RESEARCH AND DEVELOPMENT ADMINISTRATION

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BROOKHAVEN PROGRAM AT BIKINI

US DOE ARCHIVES
326 US ATOMIC ENERGY COMMISSION
RG _____
Collection <u>DBM-EP FILES</u>
Box <u>6080 Job # 7723</u>
Folder <u>MRA 7 Enewetak</u>
<u>JUNE-AUG. SEPT OCT NOV DEC 1975</u>

As I reported to you following my recent visit to Kili, Majuro and Bikini in the Marshall Islands, there are, among even relatively well informed citizens of the Marshalls, serious misunderstandings of our actions and plans relative to the returning populations of Bikini and Enewetak. The most serious misunderstanding derives from the association through the person of Dr. R. A. Conard, with our past and current programs involving the populations of Utirik and Rongelap.

For almost 22 years, Dr. Conard and his colleagues have provided medical surveillance, care and treatment for the Rongelap and Utirik populations, who are acknowledged to have sustained significant radiation injury as a consequence of the BRAVO event at Bikini on March 1, 1954. Because many of the Rongelap people have over the years migrated to other atolls, Dr. Conard's visitations have included these other locations and his name has become known (generally most favorably) throughout the Marshalls. Equally widespread has been the knowledge of the real (and some imagined) radiation related injuries which occurred at Rongelap. The people of the Marshalls, perhaps more than any other population save that of Japan, are well sensitized to the dangers of radiation and with little hard knowledge and even less understanding they are quite easily moved to fear and apprehension.

In May of 1969, following the decision to return the Bikini people to their home, a press release was made (Enclosure 1) announcing that Dr. Conard had been named to conduct "routine medical surveillance" of the returning people. Soon thereafter, Dr. Conard visited Kili to meet the Bikini people and assure them that they would be returning under safe conditions and that conditions which might affect their safety would be regularly monitored. As I have told you, some of what was said on that visit was apparently misunderstood or carried into a different context where it appeared to be in conflict with other more recent ERDA statements. We are taking steps to resolve



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that misunderstanding and I anticipate success. However, there is a deeper misunderstanding which derives, I believe, from the very fact of Dr. Conard's appointment. Dr. Conard is accepted and recognized as an authority on radiation-induced illness. The May 1969 press release took notice of his "15 years of experience in working with the people of the Marshall Islands", and the people of the Marshalls, today, associate that experience with thyroid abnormalities, miscarriages and fatal leukemia. Is it not then reasonable to expect the same sorts of things in the returning Bikini population? Otherwise, why send Dr. Conard? . . . or any medical surveillance team? These are difficult questions to answer, especially for responsible and careful U. S. officials who must acknowledge that there are elevated radiation levels at Bikini and who decline to use such terms as "perfectly safe", etc.

There are also those in the Marshalls who rationalize that since we are proposing to return people to Bikini, where some exceptional medical surveillance is required, we are deliberately planning to expose people to Bikini radiation in furtherance of our own research interests. In an interview which I gave to the Editor of the Micronesian Independent en route returning from Kili, I made the following statement which was reported verbatim:

"Our primary concern in recommending continuing monitoring is the health and safety of the people returning."

Then the writer editorializes:

"He (Ray) never mention (sic) what ERDA's implied secondary concern of continued monitoring is."

Elsewhere this writer strongly implies that ERDA's real interest is in obtaining data.

The concern of the people is understandable. We have left room for a completely rational (albeit incorrect) interpretation of the facts. We have done an insufficiently precise and thorough job of informing the Department of the Interior, the Administration of the Trust Territory and the affected populations of our purposes and our plans. Our recent experience at Kili and Bikini, and our earlier experience with the people of Enewetak, indicate the need and the real value of frequent and candid direct dialog with the people. Through this means, I believe that we can and will gain understanding and acceptance of our actions.

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With specific regard to the Conard/Bikini situation, the immediate need that I see is for a careful restatement of our proposed program. This should make clear the following points:

1. From the standpoint of radiation exposure, ERDA sees no requirement for medical examination or medical monitoring of the returning Bikini people.
2. We do recognize our responsibility for continuing environmental surveillance of Bikini Atoll in order to assure ourselves and the returning people that the measures, that have been and are being taken to minimize their exposure to radiation, are effective.
3. One of the surest and most sensitive techniques of environmental surveillance is bio-assay of the people living in that environment. Exactly because the materials we are concerned about are radioactive, our sensitive instrumentation can detect them long before they have reached concentrations in the body which would be of significance to health.
4. Bio-assay will normally include two procedures: a whole body count and urine sampling. Neither of these is a medical procedure and medical doctors need not be present to carry them out. In fact, there is no need for medical doctors to visit Bikini to carry out any ERDA responsibility or program.
5. The results of the bio-assay will be considered along with our other surveillance efforts, which include sampling of soils, water, vegetation, small animals and marine life in evaluating the effectivity of preventive and protective measures. This information will of course increase our overall knowledge of radiation in man's environment, but the primary objective remains the health and safety of these specific returning populations.

I suggest that a statement incorporating the above thoughts be formally transmitted to the Department of the Interior and the Administration of the Trust Territory. I suggest also that it be translated and conveyed by visit to the people of Bikini and Kili. NV can accomplish the latter. The transmittal letter to DOI and TTPI should indicate that this statement describes what is contemplated at Enewetak also. It should be made clear that participation in the surveillance program by Bikini and Enewetak people is entirely voluntary and is in no sense a condition for permission to return. What is proposed in this memorandum is not a change in direction or in

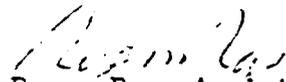
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assignments responsibility. The Medical group at Brookhaven would retain responsibility for directing the bio-assay effort and for interpretation of the biomedical significance of survey results.

Finally, as you are aware, throughout his long association in the Marshalls, Dr. Conard has provided general medical care for those people he has visited. This humanitarian and very worthwhile work has been continued by Dr. Knud Knudsen who recently completed two years in residence in the Marshalls, and is currently being performed by Dr. Konrad Kotrady. You may wish to inform DOI and TTPI that so long as our resources and scheduling permit, when we have doctors in the Marshalls, we will, if requested, continue this practice.


Roger Ray, Assistant Manager
for Environment and Safety

cc: Dr. R. A. Conard, ENL,
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