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Stenographic Transcript of
HEARINGS
Before the

**COMMITTEE ON ENERGY AND
NATURAL RESOURCES**

UNITED STATES SENATE

HEARING TO RECEIVE TESTIMONY ON
S. 1804, AND AMENDMENT NUMBERED 4039

WEDNESDAY, JUNE 26, 1996

Washington, D.C.

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1 Senator Akaka: Well, I am glad to hear that. My
2 concern -- maybe this could be an overall comment. Will the
3 agreements that were made lead to increased efficiencies in
4 the delivery of medical care?

5 ~~Dr~~ Mr. Seligman: That is our intention, yes, sir. ←

6 Senator Akaka: Well, that is great to hear.

7 Mr. Stayman, the National Research Council has
8 recommended that at a minimum centrally located Government-
9 operated health clinic should be established, and I quote, to
10 implement post-settlement medical program. Are there any
11 plans to do this?

12 Mr. Stayman: Sorry, could you clarify? This is with
13 respect to which community?

14 Senator Akaka: This is the National Research Council,
15 and they have recommended, and I quote, at a minimum a
16 centrally-located Government-operated health clinic.

17 Now, I do not know whether this has been part of the
18 discussions that was underway here that was reported by
19 ~~Dr~~ Mr. Seligman, but this particular health clinic would be ←
20 established on Rongelap.

21 Mr. Stayman: As you might know, we are in the midst of
22 negotiations with the Rongelap community regarding a
23 resettlement program. Congress authorized a total of \$45
24 million for a resettlement agreement, and there has been
25 planning to use some of that money for the establishment of a

1 co-signators on that joint communique, which -- I would be
2 happy to provide a copy to you -- lays out those issues that
3 we will mutually address during the coming months and years.

4 It talks specifically about not only issues related to
5 the independent review of the program, but also coming to
6 agreement on how best to deliver the medical care program,
7 whether we should be on land, or on sea, or in some
8 combination.

9 It really articulates I think a series of six or seven
10 issues that are of concern not only to the Marshall Islands
11 Government but to the various atoll governments that we
12 mutually agreed to work on together, and 3 weeks subsequent to
13 that meeting in Honolulu, representatives from my office and
14 Interior met with the embassy staff ^{from} ~~here in~~ the Marshall
15 Islands, ^{Embassy} and set forth a series of steps to address those
16 concerns, and again I would be happy to provide that
17 information to you also.

18 [The information referred to follows:]

19 [COMMITTEE INSERT]
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1 Maybe what you do is, you cut the Gordian Knot. You divide up
2 whatever funding there is four ways, and then maybe that model
3 that the chairman suggested would come into being where the
4 Bikini population, or you might well be able to use shared
5 resources, where a doctor would go, say, to Kili, where over
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14 qualified to oversee a program like this.

15 Senator Akaka: Recently there was a Department of Energy
16 officials meeting with officials from the Republic of the
17 Marshalls, the Marshall Islands, and other stakeholders to
18 discuss the future of DOE's radiological health program and
19 arrive at a mutually agreeable plan of action for this
20 program.

21 Can you describe what happened at the meeting, or what
22 the Department proposes to do in the future? ^{Dr} Mr. Seligman. 

23 ^{Dr} Mr. Seligman: Yes, certainly, Senator. At that meeting
24 we produced a joint communique. Both Minister Muller and
25 myself and Nancy Fanning of the Department of Interior were.

1 those people, and the question is, how do you do it?

2 I know something about the boat business, and health care
3 on a boat, and it is very costly, and if you are spending part
4 of your \$2.45 million appropriations, that is just too much
5 administrative cost, and I know something about the area, and
6 have a comparison in Alaska. Where we find the most
7 expeditious way to provide care is to simply have good local
8 transportation that brings the people into an area where there
9 is enough activity, or enough expertise to address the local
10 concerns they may have.

11 Now, whether it is the hospital at ^{Ebeye} ~~Ebai~~, or whether we ←
12 look at Kwajalein relative to that facility, which you stated,
13 Dr. Seligman, that you have taken some of the people, done the
14 testing there, I cannot believe that we could not control the
15 security issue. I am not prepared to suggest which is the way
16 to go, but it is theoretically one or the other, because we
17 cannot look realistically to establishing duplicate medical
18 facilities for the limited population, recognizing the
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20 So there is another way to do it, and contracting may be
21 the correct way. I think what we need is to pool our
22 resources together, recognize the inconsistencies associated
23 with what we have now, recognizing that I think it is probably
24 unrealistic for the Department of Energy to concentrate on,
25 well, it was nice to have the boat come around. It is also

1 STATEMENT OF PAUL J. SELIGMAN, M.D., M.P.H., DEPUTY
2 ASSISTANT SECRETARY FOR HEALTH STUDIES, OFFICE OF ENVIRONMENT,
3 SAFETY AND HEALTH, DEPARTMENT OF ENERGY

4 Mr. Seligman: Yes, Mr. Chairman. Thank you for the
5 opportunity to participate on this panel and to discuss the
6 Department of Energy's medical program in the Marshall
7 Islands, and to provide our views on the proposed amendment
8 calling for an extension of that program.

9 This discussion is particularly well timed for me
10 personally, since I am able not only to draw on my experience
11 in managing this program for the Department of Energy, but I
12 was also the leader of the Department of Energy's medical
13 mission to the Marshall Islands this past March. With your
14 permission, I will submit for the record my complete
15 statement, and I will summarize it in brief here.

16 The Chairman: It will be entered into the record as if
17 read.

18 Dr. Seligman: As you are aware, the Department of
19 Energy, through the Brookhaven National Lab, supports a
20 special intensive medical program, which, at present, serves
21 133 individuals from the atolls of Rongelap and Utirik, who
22 were inadvertently exposed to high amounts of atmospheric
23 fallout from the Castle BRAVO test in 1954. Our objective in
24 this program is to provide a thorough assessment and treatment
25 of the health conditions of these individuals that may be

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1 related to radiation exposure that they received from the
2 Castle BRAVO test, using the best and latest examination and
3 laboratory techniques.

4 The Department offers this examination twice a year,
5 using a team of physicians from the Brookhaven National
6 Laboratory, from academic centers, and from other Federal
7 agencies.

8 The Chairman: Physically, where do you do this?

9 Dr. Seligman: We have in the past done this on a boat
10 that travelled from atoll to atoll. And this past year we
11 provided that medical mission land based at the Kwajalein
12 base.

13 The Chairman: Thank you. Please, proceed.

14 Dr. Seligman: We believe that this program is an
15 excellent one. The excellence of this program, however, comes
16 with a substantial price tag. We spend \$2.5 million a year,
17 half of which is spent on the logistics to support the
18 delivery of the program. This level of expenditure equates to
19 roughly \$12,500 per patient per year.

20 The limited DOE program has a very different mission from
21 the four atoll programs supported through the Department of
22 the Interior. This program was created to provide year-round
23 general medical care and treatment to the residents of the
24 four atolls most directly affected by the overall U.S. weapons
25 testing program in the South Pacific. It now provides care

1 for approximately 11,500 individuals, with a total annual
2 budget of \$2 million, or roughly \$174 per patient per year.

3 While the Department is sympathetic to the need to
4 strengthen and improve the four-atoll program, expanding the
5 DOE's medical program for the special population of 133
6 individuals is not the answer. Adding 3,500 individuals to
7 this specialized program would, at current funding levels,
8 severely erode the care we currently provide. Alternatively,
9 it would require a major reconfiguration of the program, and a
10 large funding increase, on the order of a minimum of \$17
11 million per year.

12 For these reasons, we do not believe the expansion of
13 DOE's current program is the solution to the problems facing
14 the four-atoll program. Nevertheless, I want to emphasize
15 that DOE has and will continue to honor the U.S. Government's
16 commitments to provide medical care for the individuals
17 exposed to the fallout from Castle BRAVO. Our commitment is
18 reflected in large measure by the stable support provided to
19 this program over the past 3 years, in times when the overall
20 budget of the Office of Environment, Safety and Health has
21 declined by over 25 percent.

22 I would also like to offer the committee a more personal
23 view on the issues before us. From the perspective of a
24 physician and a public health professional, I believe the time
25 is right to think about the future of these programs. The

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1 Department of Energy has spent millions of dollars to provide
2 high-quality care for a small number of Marshallese. Yet we
3 have not trained a single doctor or nurse or built a clinic,
4 or contributed in any fashion to the medical infrastructure of
5 the Marshall Islands. We have done nothing to create medical
6 self-sufficiency in the Marshall Islands.

7 . As the patient population for the DOE program becomes
8 older and sicker, per-patient costs will rise even as the
9 number of patients declines. This will only accentuate the
10 huge differences in levels of support per patient between the
11 DOE program and the four-atoll program. I believe sincerely
12 that it is time to work together to craft a clear, shared
13 vision of how to best leverage scarce health care resources,
14 including a discussion of who is in the best position to
15 deliver such care for the greatest long-term benefit of the
16 Marshallese people.

17 . Whatever changes might occur in the program supported by
18 the U.S. Government, they should be undertaken with the full
19 cooperation and support of the RMI Government, atoll councils,
20 participating Federal agencies, and Congress, and should
21 fulfill our commitments to provide quality medical care to
22 those exposed to atmospheric fallout.

23 Mr. Chairman, I thank you for the opportunity to share
24 with you our thoughts on the proposed legislation, and to
25 expand the current DOE Marshall Islands Medical Program, and I

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1 welcome the opportunity to broaden the dialogue on how best
2 the U.S. Government, in partnership with the RMI, can address
3 the medical care needs of the Marshallese people..

4 Thank you.

5 [The prepared statement of Dr. Seligman follows:]

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1 The Chairman: Thank you. Dr. Blume.
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1 STATEMENT OF DR. MARTIN BLUME, DEPUTY DIRECTOR,
2 BROOKHAVEN NATIONAL LABORATORY, P.O. BOX 5000, UPTON, NEW YORK
3 11973-5000

4 Dr. Blume: Thank you very much, Mr. Chairman. I am
5 Dr. Martin Blume, deputy director of the Brookhaven National
6 Laboratory with responsibility for programs in the Marshall
7 Islands. I will summarize very briefly, since most of the
8 points that I would make have already been made.

9 Brookhaven has had the responsibility for the medical
10 care of its population exposed to fallout since 1956, and was
11 chosen because of its expertise, which at that time was almost
12 uniquely located in national laboratories.

13 The amendment 4039 does give me some difficulties,
14 because the Brookhaven medical care effort at present is
15 different from and on a much smaller scale than the proposed
16 addition of some 3,000, as I understand, people in Enewetak
17 and Bikini, and the Brookhaven program is specialized to the
18 treatment of radiation-induced illnesses, and is really not
19 suited logistically or medically to a general health care
20 program.

21 Indeed, a national laboratory is not an appropriate
22 institution to undertake direct management of such a general
23 program. There are many health care providers in the public
24 sector who would be better suited, and who would be located
25 more closely.

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1 Brookhaven, of course, is a national laboratory, and will
2 respond to anything that is imposed on it, and will undertake
3 such a program if we are asked to do so.

4 The likeliest way for us to do this would be by engaging
5 subcontractors who would have such expertise, so the logical
6 thing to do would be to eliminate the middleman and woman in
7 this case and go directly to health care providers.

8 I also am in agreement with the personal statement that
9 was made by Dr. Seligman. I also believe that this is an
10 appropriate time for reconsideration of the medical care
11 programs in the Marshall Islands, and also for the training of
12 Marshallese.

13 Brookhaven, and in fact Associated Universities, which is
14 the governing body that manages Brookhaven for the Department
15 of Energy, will try to begin a training program by bringing a
16 Marshallese student or professional to Brookhaven for training
17 in radiation monitoring in the near future, and the expenses
18 will be borne by Associated Universities.

19 We believe that this is an appropriate beginning to what
20 should be a much larger scale program.

21 Mr. Chairman, the remainder of my remarks can go in the
22 record.

23 [The prepared statement of Dr. Blume follows:]
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25

1 The Chairman: Thank you, doctor. We appreciate that
2 statement. Mr. Stayman.

3 Mr. Stayman: Mr. Chairman, I associate myself with the
4 remarks of the Department of Energy representative with
5 respect to section 1. I merely state that the administration
6 supports that fact.

7 Dr. Blume: Mr. Chairman, if I may, just one additional
8 comment. All of these views that were presented which concur
9 were arrived at separately and individually, and at least one
10 of them has come fresh to me at this point, so I think you can
11 take this as separate views of the people speaking.

12 The Chairman: Thank you for that disclaimer. It will be
13 so noted. I think the only collusion we occasionally have is
14 with agencies. Non-Government agencies, quasi-Government
15 agencies are on their own.

16 My observation relative to this dilemma is that we have
17 got a lot of bright people on the panel and I am not going to
18 comment on the Senators, because we do not deserve -- I guess
19 analyze our own capability, but certainly on the professional
20 staff to work this thing out.

21 You cannot have -- what you have got here, as I look at
22 it, is you have got an obligation to 135 people who were
23 actually exposed that have effects that need treatment.

24 We have another 8,000 people that we basically fouled up
25 their islands, or their atolls, and we have an obligation to

1 those people, and the question is, how do you do it?

2 I know something about the boat business, and health care
3 on a boat, and it is very costly, and if you are spending part
4 of your \$2.45 million appropriations, that is just too much
5 administrative cost, and I know something about the area, and
6 have a comparison in Alaska. Where we find the most
7 expeditious way to provide care is to simply have good local
8 transportation that brings the people into an area where there
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11 Now, whether it is the hospital at ^{Ebeye}~~Ebar~~, or whether we
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13 Dr. Seligman, that you have taken some of the people, done the
14 testing there, I cannot believe that we could not control the
15 security issue. I am not prepared to suggest which is the way
16 to go, but it is theoretically one or the other, because we
17 cannot look realistically to establishing duplicate medical
18 facilities for the limited population, recognizing the
19 distances and so forth.

20 So there is another way to do it, and contracting may be
21 the correct way. I think what we need is to pool our
22 resources together, recognize the inconsistencies associated
23 with what we have now, recognizing that I think it is probably
24 unrealistic for the Department of Energy to concentrate on,
25 well, it was nice to have the boat come around. It is also

1 relatively convenient, and perhaps provide better service to
2 get on an airplane and fly 45 minutes or an hour and a half to
3 a facility where you can receive the expertise that perhaps is
4 not available on the boat, and you can do it any day of the
5 week.

6 But enough of that. I appreciate your testimony, and I
7 would instruct the professional staff to work with your
8 designees to try and address this.

9 The four-atoll health program seems to have worked prior
10 to the 1986 time frame, and I guess with the \$2 million,
11 Mr. Stayman, that Jim Beirne has proposed in this question,
12 why isn't the \$2 million adequate, and what about the
13 eligibility rules over that period of time?

14 That is obviously his question, not mine, but I have to
15 parrot it. I do not know why he does not phone you up direct
16 and get the answer.

17 Mr. Stayman: When in 1977 the four-atoll program was
18 turned over to the Marshall Islands, funding for the program
19 was identified as \$2 million per year, and has been frozen at
20 that level now for 10 years. As with everything else, costs
21 go up, so the buying power of that money is decreasing.

22 In addition, as the program was set up by the Nuclear
23 Claims Tribunal, eligibility was delegated to the local
24 governments, and rather than holding the line on enrolment in
25 those programs, enrollment increased, in some cases very

1 dramatically. The result is that the amount of money per
2 patient is now down to about \$15 a month, I believe. It is
3 not going to buy you much health care in today's environment,
4 and certainly up there in the Marshall Islands.

5 It is very appropriate that the committee address this
6 problem at this time.

7 The Chairman: Well, that is a fair enough answer. Let
8 me just say that you might look at two examples that I happen
9 to be familiar with, because there are certain parallels. One
10 is in Bethel, Alaska, and the other is in Sitka. In Sitka we
11 had an old Navy hospital the Department of Defense turned over
12 the Bureau of Indian Affairs Public Health, and now the Native
13 corporation, indigenous people, operate that under contract.

14 It works great. They are employed. They have an
15 interest. They have an expertise. They have a review
16 process. It has heightened their own expectations and their
17 own involvement, and the Native people fly in in an old
18 Grumman Goose that was built in 1945, or an amphibious 180,
19 and it works.

20 In Bethel, it was a Bureau of Indian Affairs Hospital,
21 public health. They set up another corporation for that area,
22 which is 1,000 miles away from Sitka, and the little planes
23 fly the people in from the villages. The women have their
24 babies there, and it works fine, because you just cannot
25 duplicate.

1 Then in each community they have kind of a health center
2 with a trained health aide, nurse practitioner, who is on line
3 to this regional hospital. She has got a telephone. She had
4 got a satellite hookup. She can talk to a doctor if there is
5 an emergency.

6 When I see these -- these are just things that I am
7 familiar with -- apply, as I see your area, and you are
8 groping for how to do this, maybe there is a parallel. We can
9 help you out, learn something, and try and provide a greater
10 degree of care and basically get more for the available
11 dollars we have, because there is no question the obligation
12 is there, and we have to address it.

13 So I appreciate your concerns, and before I call on my
14 colleagues, we will agree, then, the food program for another
15 5 years, and then we will get into the health care.

16 Senator Johnston.

17 Senator Johnston: Mr. Chairman, it has been a good
18 panel. I think your question and Al Stayman's answers is the
19 key here on eligibility. It has grown like Topsy. If RMI
20 need additional money, they are going to have to control the
21 eligibility, and they have not done so up to this point.

22 The two programs, of course, are fundamentally different.
23 The monitoring of the Bravo test which they have done an
24 excellent job on, it is different. We want the data, as well
25 as we have the obligation. We want both, both the data, and

1 to fulfill our obligation. It is a different thing from the
2 four-atoll program, so we are simply going to have to limit
3 that to those who ought to be eligible and not continue to
4 expand it. Other than that, I think we have got a good bill,
5 and I would agree with you.

6 The Chairman: Thank you.

7 Senator Akaka.

8 Senator Akaka: Thank you very much, Mr. Chairman. I
9 want to add my welcome to the large group that is here today,
10 and I want to ask the ambassador to please send my greetings
11 to the president when you return to the Marshalls.

12 And I tell you again, the visit that we made was very
13 enlightening to us, and it was good to renew our friendships
14 while we were there.

15 I have a number of questions here. One seems to be
16 around the health concerns of the Marshalls. Mr. Weisgall in
17 his statement said that: I would strongly urge this committee
18 to consider funding such a program, this health program,
19 through the public health service, which is well-qualified to
20 oversee all types of health care programs, and I note that you
21 say, strongly urge, and my question to you is, can you
22 elaborate further how such a program of health care on a
23 contract basis would operate?

24 Mr. Weisgall: Sure. Let me give you an idea, and let me
25 follow up on the chairman's idea. One way to follow up on

1 that -- well, two examples.

2 Number 1, you do not use Interior or Energy because their
3 offices are pretty small, and they are not in the business of
4 running health care programs, so if you gave a sum of money to
5 Al Stayman's office he probably would have to call the Public
6 Health Service to put out an RFP, because they just do not,
7 and again, not a criticism to Interior, but they just do not
8 have that expertise. The Public Health Service does.

9 There is a company called Mercy International, which has
10 been, with albeit limited funding, running a four-atoll
11 program. They run out of money after a couple of months in
12 each fiscal year, but they have been struggling, and I
13 understand are pretty well-respected in the Marshall Islands.
14 That would be one example of a company that on contract to the
15 Public Health Service could run a four-atoll program.

16 Another option would be to follow up on the chairman's
17 suggestion of how do you limit eligibility, how do you handle
18 that problem. Page 7 of my testimony shows those numbers. I
19 also would refer staff to that. I finally dug up an old
20 compact hearing from 1984, and at that time the four-atoll
21 population was estimated to be 2,300 people. Today there are
22 11,500 people just from those four atolls enrolled in the
23 program, so it has been overwhelmed.

24 We all agree it has been overwhelmed. Nobody is
25 assessing blame. It is just, the eligibility got out of hand.

1 Maybe what you do is, you cut the Gordian Knot. You divide up
2 whatever funding there is four ways, and then maybe that model
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21 Can you describe what happened at the meeting, or what
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23 ^{Dr} Mr. Seligman: Yes, certainly, Senator. At that meeting
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25 myself and Nancy Fanning of the Department of Interior were.

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2 happy to provide a copy to you -- lays out those issues that
3 we will mutually address during the coming months and years.

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5 ^{Dr.}
~~Mr.~~ Seligman: That is our intention, yes, sir.

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22 negotiations with the Rongelap community regarding a
23 resettlement program. Congress authorized a total of \$45
24 million for a resettlement agreement, and there has been
25 planning to use some of that money for the establishment of a

1 clinic and to provide necessary medical care. The details
2 have not been worked out, and there is not at this time a
3 final settlement, but I can answer generally, yes, there has
4 been planning and forward progress with respect to providing
5 medical care to that community within the context of their
6 resettlement.

7 Senator Akaka: Let me ask a first question to the
8 witnesses from the Marshalls about the types of health
9 problems that have come about from radioactive exposures and
10 the effect it has had on the people of Ailuk, Likiep, and
11 Wotho, and what they have experienced, and whether you have
12 any evidence that these problems have come about by
13 radioactive exposures.

14 So my question to you is, what types of health problems
15 are the people suffering?

16 Ambassador De Brum: Mr. Chairman, may I try to answer
17 the question from Senator Akaka, if I may? I think it is
18 already stated in my written statement that there are 550
19 radiogenic illnesses, and people from atolls other than
20 Rongelap. It is already mentioned in my written statement. I
21 believe it is under -- it should be under extension of medical
22 monitoring and care.

23 Senator Akaka: Thank you very much, because these are
24 the peoples that have not really been included, and I wanted
25 some information on that.

1 The Chairman: Is that it, Senator?

2 Senator Akaka: Mr. Chairman, again, I want to say that
3 we certainly learned a lot in the short time that we have been
4 out there on Bikini, and I, for one, stand ready to help the
5 people of the Marshall Islands all we can for what has
6 happened out there.

7 Thank you, Mr. Chairman.

8 The Chairman: Thank you very much, Senator Akaka. I
9 think we have pretty well concluded the areas of concern. I
10 want to thank the panel.

11 I would encourage the input in the record relative to how
12 you are going to make a decision on either leaving the soil
13 and pursuing the potassium, or -- because if we do not, we are
14 going to be talking about it for 10, 15, or 20 years, and at
15 some point in time you have to, I think, recognize that it has
16 been 50 years since exposure, and it is time for a decision to
17 be made so that we can get on with either the resettlement or
18 resettlement and certain terms and conditions.

19 I think you have to recognize something that I believe
20 in. Once you get a degree of contamination, it is very, very
21 difficult, sometimes impossible to put it back in its previous
22 state, regardless of how much money you spend, and I do not
23 know whether this is the case, but after 50 years it is time
24 for a decision on what we are going to do, either remove that
25 vegetation, which is going to make the island for all

1 practical purposes very difficult for people to live on,
2 unless you bring in new soil, and the cost of that may be just
3 out of the realm of possibility, or you are going to proceed
4 with the potassium or whatever other technical means.

5 I would like to see something come in the record from you
6 folks relative to how you are going to proceed with that
7 decisionmaking process in a reasonable time frame.

8 Mr. Weisgall: Well, we will do that within the 2-week
9 period, Mr. Chairman. One area that everyone agrees on is the
10 need to scrape at least the village area, with that being
11 where we have both Lawrence Livermore and the Bikinians
12 independent scientists, the people themselves recognizing that
13 that is important, that will be the first step, and that we
14 should begin this fall.

15 But you are absolutely right, where do you go from there
16 is a question of dollars and a lot of other factors, and I
17 will get something in the record for you.

18 The Chairman: I think it is also appropriate, when we
19 talk about the village site, we determine whether it is more
20 practical to scrape the old site, a portion of the site, a new
21 site where there is less contamination where the village or
22 where habitation would likely recur. You folks are going to
23 have to make, I think, those decisions.

24 I can show you villages in my State where they had
25 smallpox epidemics and they rebuild the village some place

1 else, and it is tough, because their dead are buried there,
2 but they go some place else. Not too far away, but some place
3 else, never go back to the place where they had a calamity or
4 disaster.

5 I do not know what the history of the Bikinians is,
6 whether there are other areas of the atoll that may offer a
7 reasonable substitute. There may not. That is your decision,
8 but I think we have got to get on with it.

9 Mr. Weisgall: It is a daunting task. I hope the
10 Bikinians can do better than the Federal Government. I will
11 simply state that at Hansford I believe \$7 billion has been
12 spent and there has been no real effective cleanup yet.
13 Obviously, the Bikinians have much more limited means, and
14 that may well have to dictate the options as to where they go.

15 The Chairman: I would certainly not disagree with that
16 statement, and of course we established procedures that
17 suggest our ultimate mandate is to put the area back in its
18 natural state. We failed to recognize we simply cannot do
19 that in a few places, and this may be one of them.

20 All right, gentlemen, thank you.

21 Senator Akaka: Mr. Chairman, before we dismiss this
22 panel, I just want the committee to know that I received a
23 letter from Ambassador De Brum on nuclear waste storage and
24 their concern of it in the Pacific, and I would like to have a
25 copy of that letter placed in our hearing record.

1 The Chairman: It will be entered in the record as if
2 read.

3 [The information referred to follows:]

4 [COMMITTEE INSERT]

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1 The Chairman: Thank you, gentlemen. It is nice to see
2 most of you again.

3 We will now turn to panel 5, and this is the last panel,
4 I might add to those of you who have been with us since 9:30,
5 the Hon. Juan Babauta, Resident Representative from the
6 Commonwealth of Northern Mariana, Sebastian Aloom, Attorney
7 General, followed by Mr. Samuel McPhetres, president of the
8 Chamber of Commerce, and I guess Mr. Waxman, Mr. Aleinikoff,
9 and Mr. Fraser, and Ms. Wilma Lewis, and we will try and
10 proceed here, and we have got about 10 minutes, and Al is
11 still with us, so the first one who sits down gets to talk.

12 Mr. Babauta, please proceed.

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1 Senator Akaka: And at this time, the committee will
2 stand in adjournment.

3 [Whereupon, at 1:25 p.m., the hearing was adjourned.]
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