

Planning Program Group 5/86

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BRIEFING/DISCUSSION ON MARSHALL ISLANDS PROGRAMS WITH DP

Harry Brown, Assistant to the Manager for Off Continent Operations, NV

January 15, 1986

I. CURRENT DOE MARSHALL ISLANDS PROGRAMS (FY 86)

- A. Medical - Under PL 95-134, DOI has the responsibility to provide health care to people affected by our nuclear testing in the Marshalls, while DOE has the honor of funding this responsibility. In fact, DOE does both the work and pays for it.

With a DOE/PASO chartered ship (MV Liktanur III) we take medical teams twice a year to the islands of Uterik, Mejato, Majuro, and Ebeye where the bulk of the 174 remaining exposed and a like number of a control population live. We provide complete examinations onboard geared toward finding malignancies. The ship is equipped with a laboratory and specialized x-ray equipment. Any special treatment or further diagnosis for what might be "radiation relatable" is provided by DOE in Honolulu or the US mainland. The general population of the outer islands is offered sick call, advice, treatment, etc., while the team is on island. BNL has a full time staff of four people in New York who keep records updated, perform special analysis, stay current on health physics/radiation medicine, analyze data and plan and recruit largely volunteer physicians for future trips.

Through June 1986, BNL has a resident physician, a Marshallese nurse, and a Marshallese laboratory technician working on Ebeye Island at Kwajalein to provide interim assistance and follow up to these patients. Because of

the advent of the DOI Four Atoll Health Care Program, run by John Short and Associates who will provide upgraded primary health care to the exposed and other people, we plan now only one part time Marshallese person at Ebeye to be a medical liaison between John Short and BNL, particularly to ensure medications are available and taken, for medical referrals outside the Marshalls, and to keep records current.

- B. Environmental (LLNL) - Livermore's main mission has been to sample the environment throughout the northern Marshalls and formulate dose assessments based on expected diets and lifestyles of the people living there or who might be relocated back.

In 1985 DOI (BARC) and DOE (LLNL) joined forces to accelerate the experiments designed by either reducing the inventory of radionuclides or blocking them from entering the food chain, ultimately to reduce dose thus to provide more options for the resettlement of Bikini Atoll. The results will obviously affect other areas, notably Enjebi and several other agriculture islands in the northern part of Enewetak.

- C. Bioassay (BNL) - Through 1986 we have monitored the Rongelap, selected Bikinians, and the resettled Enewetak populations to ensure that they were within the Federal Radiation Guidelines. Now we are winding up a sophisticated plutonium analysis and really contemplate further WBC missions only in conjunction with possible resettlement of Bikini.

To maintain the five employees at BNL, to provide Pu analysis and one mission a year costs about \$500K. This appears to be a service that RMI might request and fund down the line.

D. Logistical Support (PASO) - Under the general guidance of NV, PASO through H&N utilizes a very well developed logistics delivery system. This is in place primarily for Safeguard C proposed to support our partnership with DNA at Johnston Island, but the skills have been forged during the Enewetak cleanup project, the Northern Marshalls Radiological Survey, the Enewetak Crater Drilling and Seismic project, and the many years supporting DOE missions at remote sites all over the western Pacific. About half the costs are directly relatable to a vessel charter (with crew), fuel, and related support. The network in place at Honolulu, Kwajalein, Enewetak, Bikini and Majuro consists of "seasoned hands". All are joined by a reliable HF radio link.

II. COMPACT COMMITMENTS BY US

- A. Bikini - As part of the settlement of a lawsuit, the US has agreed to essentially make every reasonable effort to make Bikini habitable and to resettle the transient population. Funds are authorized. What must happen now is the BARC will make its report to Congress (end of FY86), acceptance of that report by the Bikini people, the development by the US of a resettlement plan, blessed by the Bikinians. This plan will to a large extent reflect the radiological assessment work done by LLNL, expected to be completed in FY 1988.
- B. Enjebi Island (Enewetak) - Upon request from RMI, the US will provide an updated dose assessment and advise on conditions of resettlement.
- C. Special Medical Care with Logistical Support to Remaining 174 Exposed Rongelap and Uterik People
DOE through BNL has been providing this care since the 1950s, now formalized under PL No. 95-134. Highly specialized medical personnel

provide the special protocol required to monitor these patients.

It is clear that the current Four Atoll Health Care Program (John Short and Associates under contract to DOI) does not have nor plans to acquire the necessary tools to carry this out.

III. Who Carries Out Commitments?

This is very subjective and there are varying opinions both inside and outside of DOE. It is argued that DOE should not be in the medical business (at least DP); that the program is small by dollar standards but highly visible (and therefore detrimental) politically; that it has no relevance to DP program interests; that bioassay work can be contracted out to one of several companies or EPA; that technically many DOE obligations end simultaneous with Compact implementation.

ALL OF THE ABOVE IS EITHER FULLY OR PARTIALLY VALID.

On the other side of the coin we have:

1. DOE currently has a well run medical program through BNL.
2. DOE has environmental programs in place that are producing credible, solid results (witness the vindication of our Bikini and Enewetak data and conclusions after review by "independent scientists").
3. DOE has a seasoned logistics network in place.
4. Most relevant is the fact that DOE and the laboratories have people with unique program knowledge, not readily transferrable, built up over many years of work and contact with people of a society very foreign to most other Americans.
5. Sombodys Gotta Do It! At least for the next several years a vessel and a logistics support base will be necessary. Does it make economical sense to change at this time? While the funding sources are not clear for every program it is probably in the US Government's overall best

interest and most certainly more beneficial for the RMI to continue DOE involvement at least through decision making time for Enjebi and Bikini. For as long as DOE has a multi-purpose vessel and the support network in the Pacific, the same holds for the medical program. The DOE program people have skills and knowledge that are not readily transferrable. This knowledge is now at the HQ, NV, and Pacific levels.

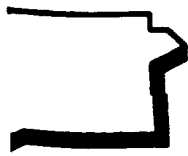
IV. Estimated Maximum Costs to DOE (OH HOW PRELIMINARY)

FY 87	\$2,000K
88	\$2,000K
89	\$1,000K
90	\$1,000K
91	\$1,000K

This assumes that the medical program will be funded by DOI (including vessel and other logistical support) and the bulk of all Bikini, Enjebi and bioassay work after FY 1988 will be funded either through DOI or by RMI "buy back" technical assistance.

If DOE has no unilateral program interest in any element of Marshall Islands Programs, it is entirely possible that any and all DOE work, whether medical or environmental, will be done on a reimbursable basis.

Attachments:
Hard copy of viewgraphs



DOE-Nevada Operations

CURRENT DOE MARSHALL ISLANDS PROGRAM

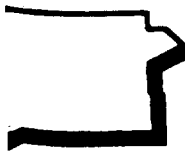
FY 1986

MEDICAL (BY BROOKHAVEN NATIONAL LAB)

AUTHORITY: PL 95-134

- TWO ANNUAL SHIP SUPPORTED MISSIONS TO MAJURO, EBeye, UTERIK AND MEJATO TO EXAMINE AND TREAT EXPOSED AND CONTROL POPULATION
- FUND "RADIATION RELATABLE" MEDICAL REFERRALS AMONG EXPOSED POPULATION, OUTSIDE MARSHALL ISLANDS
- MAINTAIN A RESIDENT PHYSICIAN, NURSE AND LAB TECH ON KWAJALEIN FOR FOLLOW UP OF EXPOSED PATIENTS

FY 86 COST \$1.2 MILLION



DOE-Nevada Operations

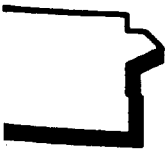
FY 1986

BIOASSAY (BY BROOKHAVEN NATIONAL LABORATORY)

TO VERIFY DOSE PREDICTIONS AND ENSURE POPULATIONS WITHIN NATIONAL AND INTERNATIONAL STANDARDS

- PERFORM WHOLE BODY COUNTING FOR RESETTLED ENEWETAK POPULATION, AND BIKINIANS WHO RESIDED ON BIKINI IN THE 1970'S
- PLUTONIUM ANALYSIS OF URINE SAMPLES

COST \$500K



FY 1986

ENVIRONMENTAL (BY LLNL)

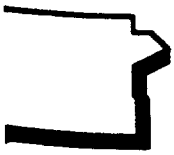
- FOUR SHIP SUPPORTED MISSIONS TO BIKINI FOR JOINT DOE/BIKINI ATOLL REHAB, COMMITTEE (BARC) EFFORTS TO CHARACTERIZE THE RADIOLOGICAL CONDITIONS, DEVELOP METHODS TO REDUCE UPTAKE OF RADIONUCLIDES IN FOOD CHAIN, AND GIVE RADIOLOGICAL ADVICE RELATIVE TO PLAN FOR ATOLL RESETTLEMENT

- DEVELOP AND REFINE DOSE ASSESSMENTS

- TWO MISSIONS TO ENEWETAK TO SAMPLE ENJEBI AND OTHER NORTHERN ISLANDS FOR DOSE CALCULATION PURPOSES

- MAINTAIN DATA BANK ON ALL AVAILABLE INFORMATION ON RADIOLOGICAL DATA PERTAINING TO THE MARSHALLS

COST	DOE	\$ 1.5 MI
	BARC	<u>.8 MI</u>
		\$ 2.3 MI



DOE-Nevada Operations

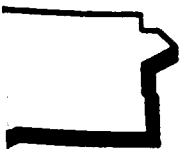
SUPPORT TO DOE MISSIONS

FY 1986

BY DOE PACIFIC AREA SUPPORT OFFICE (PASO) USING DOE SUPP
HOLMES & NARVER, INC.

- CHARTER SHIP (LIKATANUR III)
- MAINTAIN FIELD CAMPS AT ENEWETAK AND BIKINI
- PROVIDE PROCUREMENT SERVICE, PACKING AND SHIPPING,
ASSISTANCE, PROGRAM PLANNING, TRANSPORTATION, EQUI
AND ALL OTHER LOGISTICAL SUPPORT

COST



DOE-Nevada Operations

TOTAL FY 86 DP COSTS FOR MARSHALL ISLANDS PROGRAMS

\$ 1.2 MILLION

MEDICAL (BNL)

.5

BIOASSAY (BNL)

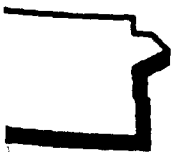
1.5

ENVIRONMENTAL (LLNL)

1.3

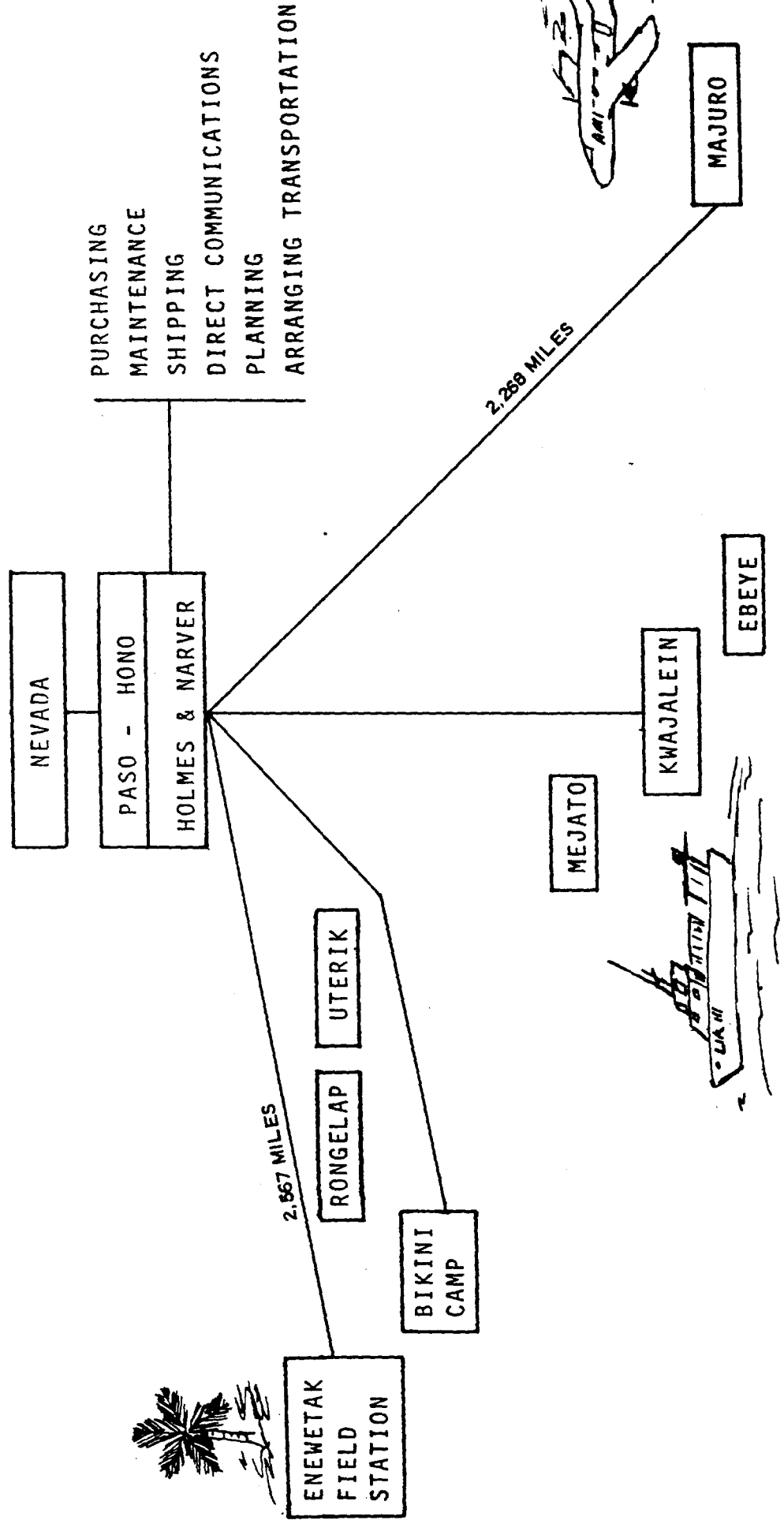
LOGISTICAL SUPPORT PASO/H&N

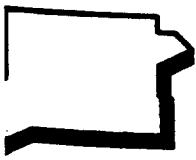
\$ 4.5 MILLION



DOE-Nevada Operations

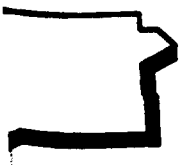
HOW DOE OPERATES





NV/PACIFIC SUPPORT ASSETS

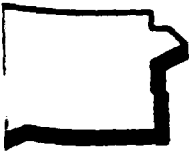
- DOE PACIFIC AREA SUPPORT OFFICE WITH CONTRACTOR (HOLMES & NARVER) IN PLACE IN HAWAII PRIMARILY TO SUPPORT SAFEGUARD C
- FULL PROCUREMENT, STORAGE, CRATING AND SHIPPING, TRANSPORTATION AND COMMUNICATIONS NETWORK THROUGH PACIFIC
- LONG TERM SUPPORT SYSTEM AT KWAJALEIN MISSILE RANGE
- MAJURO OFFICE
- VESSEL WITH HIGHLY TRAINED CREW
- KNOWLEDGE AND GOOD WORKING RELATIONSHIP WITH MARSHALLS GOVERNMENT OFFICIALS, OUTER ISLAND POPULATIONS AND THE "SYSTEM"
- DOE PERSONNEL TO REPRESENT U.S. ON SENSITIVE MISSIONS
- UNIQUE KNOWLEDGE IN UNIQUE PROGRAM AREA



U.S. COMPACT COMMITMENTS

(AS THEY RELATE TO CURRENT DOE PROGRAMS)

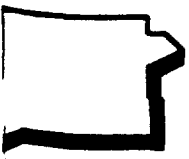
- SPECIAL HEALTH CARE (INCLUDING LOGISTICAL SUPPORT) FOR REMAINING EXPOSED PEOPLE (AUTHORIZES \$22.5 MILLION FOR 11 YEARS)
- REHABILITATION AND RESETTLEMENT OF BIKINI ATOLL (AUTHORIZES FUNDING)
- RESETTLEMENT OF ENJEBI ISLAND ON ENEWETAK IF "SAFE" (\$2.5 MILLION APPROPRIATED IN FY 86; \$7.5 MILLION AUTHORIZED) (REPORT WITHIN ONE YEAR ON WHEN PEOPLE CAN RESETTLE)
- RESTORE HABITABILITY OF RONGELAP IF WARRANTED
- CONTINUE ENEWETAK FOOD, AGRICULTURE AND MOTOR SAILER SUPPORT



DOE-Nevada Operations

WHO DOES IT?

WHY?

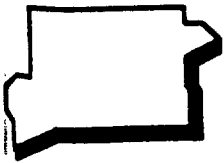


DOE-Nevada Operations

WHY?

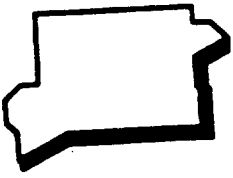
- FIRST RATE MEDICAL PROGRAM IN PLACE OVER PAST 8 YEARS AND RMI HAS REQUESTED TO THE U.S. THAT DOE CONTINUE. THERE IS NO ORGANIZATION READY AS SUBSTITUTE.
- SPECIALIZED AND ONGOING ENVIRONMENTAL PROGRAM WITH CENTRAL DATA BANK.
- PEOPLE WHO HAVE UNIQUE KNOWLEDGE AND WHO HAVE GAINED CONFIDENCE AND TRUST OF MARSHALLS PEOPLE OVER MANY YEARS (IN SPITE OF PRESS TO THE CONTRARY;)
- THE COMPACT SETTLES "HEAVY POLITICS" AND PROVIDES SEPARATE AUTHORIZATIONS WHICH SHOULD THEREFORE NOT ADVERSELY IMPACT DEFENSE PROGRAMS.
- DP OVERSIGHT AND NV MANAGEMENT HAS PROVEN EFFECTIVE.

**** THE WHEEL CAN BE REINVENTED BUT AT WHAT PRICE
AND WHO PAYS THAT PRICE??**



ONE VIEW OF POST COMPACT OBLIGATIONS

- DOE PROVIDES SPECIAL HEALTH CARE AND EXAMINATIONS FOR THE EXPOSED, INCLUDING MEDICAL REFERRALS OUTSIDE THE MARSHALLS
- DOE PROVIDES VESSEL AND OTHER LOGISTICAL SUPPORT TO MEDICAL PROGRAM
- DOE THROUGH LLNL PROVIDES AN UPDATED RADIOLOGICAL ASSESSMENT OF ENJEBI BY SEPTEMBER 30, 1987
- DOE/LLNL COMPLETES ANALYSIS WORK IN FY 1988 AND FORMULATES UPDATED DOSE ASSESSMENTS FOR A RESETTLED BIKINI POPULATION AND FUNDING WILL BE DOE'S THROUGH FY 1988
- DOE/LLNL WORK ON BIKINI BEYOND FY 1988 WILL BE FUNDED AS PART OF THE OVERALL BIKINI RESETTLEMENT PROGRAM
- RMI THROUGH COMPACT FUNDING WILL HELP OFFSET LLNL COSTS TO MAINTAIN THEIR CAPABILITY TO CONTINUE ANY BIKINI, ENEWETAK OR OTHER SAMPLING AND ANALYSIS IN FY 1989 AND BEYOND



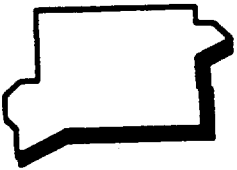
PROPOSED DOE RUN PROGRAMS FY 1987-91

(K)

	<u>FY 87</u>	<u>FY 88</u>	<u>FY 89</u>	<u>FY 90</u>	<u>FY 91</u>
MEDICAL PROGRAM	800	840	840	840	840
● ONE MAJOR TRIP					
● REFERRAL FOR EXPOSED OUTSIDE MARSHALLS					
● MAINTAIN BNL STAFF 4 FTE					
ENVIRONMENTAL (LLNL)	1,500	1,500	UNKNOWN	UNKNOWN	UNKNOWN
● MAINTAIN 8 FTE					
● BIKINI					
● ENEWETAK					
BIOASSAY	200	200	(FUNDED BY RMI AS REQUESTED AFTER FY 88)		
LOGISTICAL SUPPORT	1,300	1,370	1,370	1,370	1,370
			(1000 APPROPRIATED TO DOI TO SUPPORT MEDICAL PROGRAM?)		

(FUNDS APPROPRIATED TO DOI?)

(PROBABLY UNDER SEPARATE RESETTLEMENT FUNDING)

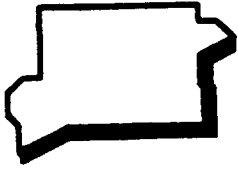


KEY ASSUMPTIONS

- U.S. BIKINI AND ENJEBI COMMITMENTS EXTEND TO INCLUDE DOE COMPLETION OF CURRENT RESEARCH AND EXPERIMENTS TO PROVIDE BEST POSSIBLE ASSESSMENTS.

(THROUGH FY 1988)

- U.S. HEALTH CARE COMMITMENTS FOR EXPOSED POPULATION WILL CAPITALIZE ON EXISTING PROGRAM RESOURCES FROM BOTH A PERFORMANCE AND COST VIEWPOINT.



WHAT DOE MUST NOW DO

- ESTABLISH A DEPARTMENTAL POSITION ON PROGRAMS WE BELIEVE WE SHOULD DO, WE WOULD RATHER NOT DO, WE WOULD DO ONLY UNDER DURESS, WE WOULD FALL ON OUR SWORDS BEFORE DOING
- BEGIN DIALOG WITH RMI TO REVIEW WHAT PROGRAMS ARE CURRENTLY IN EFFECT: DETERMINE THOSE THAT THEY SHOULD CONTINUE AND FUND; AND EXPLORE THE ENTITY AND MEANS TO BEST CARRY THEM OUT