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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.

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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-

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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

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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.

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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

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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-

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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

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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.

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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 chromosomal 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

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- 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

ESF:jdh

cc: Hon. Philip Burton
Hon. Henry M. Jackson
Hon. James A. McClure
Hon. Amata Kabua
Hon. Anton A. DeBrum
Mr. Jonathan Weisgall
Mr. Jeffry D. Jefferson
Mr. Theodore R. Mitchell