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Overguidance-Marshall Islands

ISSUE

Increased DOE responsibilities in the Marshall Islands.

Background

H.R. 3756, currently before the Congress, significantly broadens U.S. responsibilities in the Marshall Islands. Briefly, the House bill directs:

1. General medical care for the people of Rongelap, Utirik, Bikini and Enewetak atolls and their descendents.
2. Periodic radiological monitoring of those atolls.
3. Dose assessments to be prepared no less than every five years.
4. Introduction of an information and educational program re radiation.

Furthermore, the House bill directs the Secretary of the Interior to prepare overall plans, to involve other agencies as necessary, to obtain funds for all of the programs, and to reimburse other agencies as necessary.

The Senate committee markup of the bill makes a few changes:

1. The term "descendents" is eliminated from (1) above, but it provides for "such other atolls" as may need to be included.
2. It calls for a radiological survey not less than once every five years.
3. It places on DOE the responsibility to obtain and provide funding for the entire program, including funding of other agencies.
4. It requires the "consideration" of the Public Health Service to provide the general medical care program.

The Senate has not yet voted on the bill, but is expected to do so shortly after reconvening.

Although differences in other parts of the bill not involving the Marshall Islands (e.g., Virgin Islands) will require a House-Senate conference Committee, it is understood that the House will agree to the Senate changes identified above. The plan is due to the Congress by January 1, 1981, and request for funding is authorized as of October 1, 1980.

Independent of H.R. 3756 but concurrent with it are the negotiations being conducted between the U.S. and the Government of the Marshall Islands which identify the relationship between the two governments over the next 20 years. Although the negotiations do not address U.S. agency responsibilities and funding mechanisms, the substance of proposed U.S. obligations are more general than, but not significantly different from, the activities identified above.

Impact on DOE

PROGRAM

It is clear that via either or both of the above mechanisms, DOE will be expected, if not directed, to expand its program in the Pacific, either by Presidential direction or by a Congressional mandate.

The following changes can be anticipated:

1. Provide general medical care to the people of Rongelap, Utirik, Bikini, and Enewetak in addition to examination and treatment, if necessary, for radiation related diseases.

2. Include atolls in addition to those identified above (e.g., Likiep, Wotje, Ailuk, Mejit).

3. Maintain research activities (e.g., studies of radionuclide transport in the marine and terrestrial environment) on Bikini and Enewetak atolls, and expand same to other atolls as necessary.

4. Conduct periodic (\leq every five years) radiological monitoring (including aerial surveillance) of all of the atolls and people mentioned, plus such others as may be included.

5. Based upon the information obtained in (3) and (4), prepare estimated future dose assessments for the people of each atoll.

BUDGET-MEDICAL

Current DOE funding for Marshall Islands activities has been (exclusive of the 13-atoll survey and radiological support to DNA for the Enewetak cleanup) \$3.828M in FY1980.

These figures provide only for medical followups which include examination and treatment for radiation related diseases for the people of Rongelap and Utirik. In addition, "sick call" has been conducted for the people of Rongelap, Utirik, and those Bikinians who resided on Bikini Island, and a medical survey of the people of Likiep.

The inclusion of Additional people was estimated at approximately \$750,000 for every 200 persons added to the program (e.g., Enewetak - \$1.7M; Likiep - \$2.3M; Wotje - \$1.3M; Ailuk - \$1.6M; Mejit - \$1.3M), including ship support.

The expansion of the program to include general overall medical care has not yet been estimated but the cost could be very high since this would require the creation of new medical facilities and full time assignments of medical personnel in the Marshall Islands.

Given the extension of the current medical followup program to additional atolls and people, and assuming that one atoll would be added to the program per year, and that there would be at least one trip per year (more likely two) to each atoll, future cost estimates for medical followup are:

FY80	FY81	FY82	FY83	FY84	FY85	FY86
\$1.465M	\$5.572M	6872	8472	9772	10,000	10,000
Rongelap Utirik	add Enewetak Bikini	add Wotje	add Ailuk	add Mejit	other	
Partial Bikini	Likiep					

(The Marshall Island Government has also requested that the atolls/ islands of Lae, Ujae, Kili (Bikinians) and Ujelang (Enewetakese) be included.)

BUDGET-ENVIRONMENTAL

Whole body counting currently is conducted with the people of Rongelap, Utirik, and more recently, Bikinians who resided on Bikini Island. Initial counts also are being made on the people of Enewetak prior to their return to the Atoll.

Research and environmental monitoring (except for the 13-atoll survey) are conducted primarily at Bikini and Enewetak Atolls, and the dose assessment studies have been directed primarily toward the resettlement issue of the Bikini and Enewetak peoples.

Should radiological surveys, research programs and dose assessments need to be continued indefinitely at Bikini and Enewetak, and expanded Rongelap, Utirik and other atolls, a very rough estimate of at least \$200K- \$250K per atoll per year might be required.

FY80	FY81	FY82	FY83	FY84	FY85	FY86
\$2.363M	\$2.723M	\$3.200M	\$3.450M	\$3.700M	\$3.950M	\$4.200M
Bikini Enewetak		add Rongelap Utirik	add Likiep	add Wotje	add Ailuk	add Mejit

(Again, the Marshall Islands Government may request that other atolls be included in this effort.)
In Summary *

	FY80	FY81	FY82	FY83	FY84	FY85	FY86
Medical program	\$1.465M	\$5.572M	\$6.872M	\$8.472M	\$9.772M	10.000M	10.0
Env. program	<u>\$2.363M</u>	<u>\$2.723M</u>	<u>\$3.200M</u>	<u>\$3.450M</u>	<u>\$3.700M</u>	<u>3.950M</u>	<u>4.2</u>
Total	\$3.828M	\$8.295M	\$10.072M	\$11,922M	\$13.472M	\$13.950M	14.2

The DOE estimate of \$10-15M for an expanded program has been transmitted to the Department of Interior and the Office of Micronesian Status Negotiations.

The OMB estimate for the Senate markup of H.R. 3756 is roughly \$7.5 - \$10 M.

Either way, DOE can anticipate a significant impact on its Marshall Islands programs and funding.

It should be understood that these cost estimates are very rough estimates, and that costs could be affected by the inclusion of additional atolls in a much shorter time frame, and that unanticipated findings and requests by the Government of the Marshall Islands, or legal representatives of the peoples involved, may affect these estimates in a significant way.

* With the significant expansion of the program, it is anticipated that additional personnel will be required to plan and administer same. One additional person will be needed in FY 1981, if not before that time. A second person will be requested for the FY 1981-1982 time period.

NOTES

1. Inasmuch as H.R. 3756 requires that a plan be submitted by the Secretary of Interior by Jan., 1981, and inasmuch as requests for funding are authorized as of Oct. 1, 1980 (prior to the submission of the plan), the possibility exists that the program may need to be expanded in FY 1981 to a greater extent than that indicated. Should that be the case the cost estimates for FY 1982 and years following may need to be advanced by one year.
2. A part of the development of a plan will be consideration of the options available, and their cost, with respect to logistical support of the program (e.g., the need to charter additional ships, construction of on-atoll facilities and possibly runways, aircraft support, etc.) Consequently, greatly expanded logistical/construction requirements have not been factored into the above cost estimates.
3. In order to be consistent with the cost estimates provided last summer to OMB and to the Office of Micronesian Status Negotiations (OMSN), the program categories are limited to medical and environmental studies. These do not coincide easily with OHER program division responsibilities in that the latter category includes the following activities: whole body counting, environmental transport studies of radionuclides,

radiological monitoring, dose assessments, etc. (These activities may need to be more clearly broken out in the future, but for the moment the categories and cost estimates are consistent with information previously provided to OMB and OMSN.)

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3. It places on DOE the responsibility to obtain and provide funding for the entire program, including funding of other agencies.

The Senate has not yet voted on the bill, but is expected to do so shortly after reconvening.

Although differences in other parts of the bill not involving the Marshall Islands (e.g., Virgin Islands) will require a House-Senate conference Committee, it is understood that the House will agree to the Senate changes identified above. The plan is due to the Congress by January 1, 1981, and _____ for funding is authorized as of October 1, 1980.

Independent of H.R. 3756 but concurrent with it are the negotiations being conducted between the U.S. and the Government of the Marshall Islands which identify the relationship between the two governments over the next 20 years. Although the negotiations do not address U.S. agency responsibilities and funding _____, the substance of proposed U.S. obligations are more general than, but not significantly different from, the activities identified above.

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The following changes can be anticipated:

1. Provide general _____ to the people of Rongelap, Utirik, Bikini, and Enewetak in addition to examination and treatment, if necessary, for radiation related diseases.

2. Include atolls in addition to those identified above (e.g., Likiep, _____, _____, _____).
3. Maintain research activities (e.g., soil, air, water, food sampling) on Bikini and Enewetak atolls, and expand same to other atolls as necessary.
4. Conduct periodic (every _____ years) radiological monitoring (including aerial surveillance) of all of the atolls mentioned, plus such others as may be included.
5. Based upon the information obtained in (3) and (4), prepare estimated _____ dose assessments for the people of each atoll.

BUDGET

Current DOE funding for Marshall Islands activities has been (exclusive of the 13-atoll survey and radiological support to DNA for the Enewetak cleanup): \$3828 M

These figures provide only for examination and treatment for _____ related diseases for the people of Rongelap and Utirik. In addition, "sick call" has been conducted for the people of Rongelap, Utirik, and those Bikinians who resided on Bikini Island, and a medical survey of the people of Likiep.

The inclusion of additional people was estimated at approximately \$750,000 for every 200 persons added to the program (e.g., Enewetak - \$1.7 M; Likiep - \$2.3 M; _____ - \$1.3 M; _____ - \$1.6M; _____ - \$1.3 M), including ship support.

The expansion of the program to include general medical care has not yet been estimated.

Given the above, and assuming that one atoll would be added to the program per year, and that there would be at least one trip per year (more likely two) to each atoll, future cost estimates for the _____ studies are:

FY80	FY81	FY82	FY83	FY84	FY85	FY86
1465	5572	6872	8472	9772	10,000	10,000
Rongelap Utirik	add	add _____	add _____	add _____	other	
Partial Bikini	<u>Bikini</u> Likiep					

Whole body counting currently is conducted with the people of Rongelap, Utirik, and more recently, Bikini. Initial counts also are being made on the people of Enewetak prior to their return to the Atoll.

Research and environmental monitoring (except for the 13-atoll survey) are conducted primarily at Bikini and Enewetak Atolls, and the dose assessment studies have been directed primarily toward the resettlement issue of the Bikini and Enewetak peoples.

Should radiological surveys, research programs and dose assessments need to be continued indefinitely at Bikini and Enewetak, and expanded to Rongelap, Utirik and other atolls, a very rough estimate of at least

- \$250K per atoll per year might be required:

FY80	FY81	FY82	FY83	FY84	FY85	FY86
2363	2723	3200	3450	3700	3950	4200
<u>Bikini</u>	add Ronge- lap Utirik	add Likiep	add Watje	add _____	add _____	

In summary

	<u>FY80</u>	<u>FY81</u>	<u>FY82</u>	<u>FY83</u>	<u>FY84</u>	<u>FY85</u>	<u>FY86</u>
Medical program	1465	-5572	6872	8472	9772	10,000	10,000
Env. program	<u>2363</u>	<u>2723</u>	<u>3200</u>	<u>34 0</u>	<u>3700</u>	<u>3,950</u>	<u>4,200</u>
Total	3828	8295	10,072	11,922	13,472	13,950	14,200

The DOE estimate of \$10-15M for an expanded program has been transmitted to the Department of Interior and the Office of Micronesian Status Negotiations.

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