



DEFENSE NUCLEAR AGENCY
WASHINGTON, D.C. 20305

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14 MAY 1974

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DEPARTMENT OF DEFENSE DEFENSE NUCLEAR AGENCY COMMISSION	RG 326 (MHS 3 - Radiation Vol 1) Collection AEC Secretariat 1974-1975 Box 7978 - JDB 9 Folder 9
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Dear Dr. Biles,

We are pleased to present our comments upon "Report by the Task Group on Recommendations for Cleanup and Rehabilitation of Enewetak Atoll" dated 19 April 1974 and sent to us by you on 2 May 1974. We take strong exception to the recommendations of this Report and the philosophies on which these recommendations are based. On the other hand, we commend the AEC upon the thorough scientific work in this Report and in the backup volumes NVO-140 on the Enewetak radiological survey.

In addition to being troubled about regulatory matters, we disagree with the recommendations of this Report because it is not in accord with wishes and probable needs of the Enewetak people. As a result of U.S. actions, parts of their lands were altered and the Enewetak people were displaced to accommodate U.S. weapons testing. We should now make every effort to allow them a living pattern to fit what they view to be their needs. The radiological and other safety conditions upon their return should apply to those local conditions, not necessarily those of the U.S. population with its different radiological conditions and its greater uncertainties of exposures. In fact FRC 1, para 7.7 and 7.8, emphasizes that "there is no single permissible or acceptable level of exposure without regard to the reasons for permitting the exposure." Within this context, the numerical values should be considered as guides which might be appropriate for a particular action under certain circumstances. Since permissible levels of exposure for the Enewetak conditions are not clearly established, the U.S. government function for Enewetak would be primarily to assure that national policies are not being exceeded

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or that no harmful effects would result from the proposed action. Contrary to this, the recommendations of this AEC Report can be viewed as non-compliance with the needs that the Enewetak people have clearly stated, specifically to occupy Enjebi Island. Unfortunately, the justification for these restrictions seem to be an unduly restrictive application of criteria that are largely arbitrary and probably inapplicable.

First let us consider the applicability of criteria. With the radioactive contamination being beyond our ability to turn off or wholly eliminate, it is an uncontrolled localized contamination event in the definition of the Federal Radiation Council (FRC). Being the release of radioactive material from nuclear explosions of many years ago, the Enewetak situation is Category III of p. 30 of FRC Staff Report No. 7. For this category, protective action is to be considered on a case-by-case basis (p. 38). Any situation resulting in a bone-marrow dose greater than 0.5 rad per year is to be appropriately evaluated. FRC Report No. 7 does not include any criterion for bone dose for this Category III, but the present AEC Report numerically uses bone dose criteria to advise against the desired return of the Enewetak people to the island of Enjebi and to advise against full use of other islands. This particular case of Enjebi should instead be individually evaluated on such bases as relative risks or cost vs. benefit that are recurrently requested in FRC reports. The present AEC Report seems wholly inadequate in such evaluations.

Leaving aside this genuine question of whether quantitative application of criteria are grounds for decisions, one can review the bases of the numerical values of the radiological criteria on p. 5 of the present AEC Report. These are later used in the AEC Report to restrict the Enewetak people. The Federal Radiation Council Report No. 1 establishes an occupational dose criteria which has been reduced from the level at which biological damage occurs by a factor of 10. Both the Federal Radiation Council and the International Commission on Radiation Protection further reduce the dose levels for individuals in the population from the occupational level by a factor of 10. For Enewetak, the AEC recommended exposure levels for individuals have been arbitrarily reduced by another factor of 2. This reduction results in an overall reduction from the levels at which minor biological effects have been observed by a factor of 200. Further the 4 rems limit in 30 years for gonadal exposure, an 80% reduction from the recommended genetic exposure, does not seem to apply since the half lives of the isotopes of concern are approximately 30 years. This then does not provide the recurrent genetic dose for future generations beyond the present generation which will return.

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Based on data in Tables 1, 2, 3 and 4 of the report it is inconsistent to exclude the people from Enjebi. In Table 1 with a living pattern (D) which requires importation of pandanus and breadfruit (III) the 30 year whole body dose is 4.4 rem. By importing pandanus, breadfruit, coconut and tacca (IV) the dose becomes 3.7 rem. This is lower than your 4 rem criteria. In Table 2, the same conditions apply. If Table 3 were used, and the FRC exposures were permitted to apply nothing would need to be done (Living pattern D, Current conditions I). Under AEC guides the importation of pandanus and breadfruit would be required. By going to Table 4 and using the guidance applicable to Category III, FRC Report No. 7 it appears that Living Pattern D under current conditions would be applicable. Even with the more restrictive AEC interpretation, Living Pattern D with the importation of pandanus, breadfruit as in IV would apply.

Your present AEC Report rejects an undelayed occupation of Enjebi, as is desired by the Enewetak people, even though the reduction factor of two in your proposed criteria is vulnerable to accusations that this factor conveniently delays the desired habitation, particularly in view of (1) the unusually well-measured and well-known radiological situation for Enewetak, (2) the small likelihood of other radiation sources being introduced into Enewetak at a rate faster than the decay of present radioactivity, (3) the questionable validity of applying any criteria on bone dose, and (4) the lack of cost-benefit or relative risk analyses in this AEC Report.

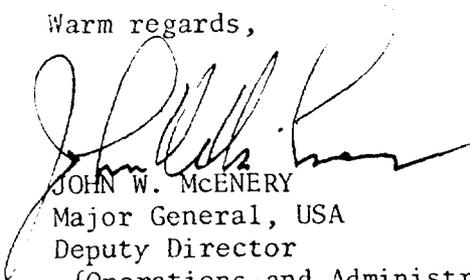
Instead of the restrictive approach in the present AEC Report, a broader range of rehabilitation possibilities should be available to the Enewetak people for their judgment. The consequences of each of these possibilities should be clearly made with the U.S. role being to temper their judgment on the basis of well-established radiological effects. To enable such choices to be made objectively, the particularly prejudicial statements in your present AEC Report should be modified accordingly. Among these are:

- p. 22: statement that corrective actions "... would constitute an experiment involving Enjebi people"
- p. 23: statement about "Heroic actions would be required to reconstitute the remaining soil" on Enjebi after corrective actions
- p. 25: statement about a period as long as 16 to 20 years (two - eight to ten year periods) before the island could support its inhabitants"

any way in which exposures can be brought within the acceptable criteria, that is both reliable and feasible, in order to resettle Enjebi"

- p. III-1: the opinion that "... recommendations should be specific and unequivocal" for methods of resettling Enewetak Atoll.

Warm regards,



JOHN W. McENERY
Major General, USA
Deputy Director
(Operations and Administration)

1 Encl
Detail Comments on
Task Group Recommen-
dations

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