335/DOOA

DOE F 1325.7
3-80

Exception to SF 14, Approved by NARS, June 1978

Unclassified

1730Z

1. INSERT ABOVE, CLASSIFICATION LEVEL, UNCLASSIFIED, OR OFFICIAL USE ONLY

2. MESSAGE CONTAINS WEAPON DATA? ("X" appropriate box. Message Center will not transmit message unless one box is marked.)
☐ YES ☑ NO

U.S. DEPARTMENT OF ENERGY
TELECOMMUNICATION MESSAGE
(See reverse side for instructions)

HQ DNA

3. USE WHEN REQUIRED
THIS DOCUMENT CONSISTS OF 11 PAGES
NO. ____ OF ____ COPIES, SERIES ____

4. PRECEDENCE DESIGNATION ("X" appropriate box):

	FOR NORMAL USE		EMERGENCY USE ONLY	
ACTION:	☑ Routine	☐ Priority	☐ Immediate	☐ FLASH
INFO:	☐ (6 Hrs.)	☐ (3 Hrs.)	☐ (30 Mins.)	☐ (ASAP)

5. TYPE OF MESSAGE ("X" appropriate box)
☑ Single Address
☐ Multiple Address
☐ Title Address
☐ Book Message

FOR COMMUNICATION CENTER USE
MESSAGE IDENTIFICATION
001260 DTG: Z

6. FROM
U.S. DEPARTMENT OF ENERGY
JOHN E. RUDOLPH
OFFICE OF MILITARY APPLICATION

7. OFFICIAL BUSINESS
(Signature of authorized official) (TIME) A.M. P.M.

8. DATE 7/17/84

9. TO
DEFENSE NUCLEAR AGENCY
GENERAL TATE
PHONE: 325-7065 - Teletype: 325-7366

'84 JUL 17 PM 12:18

DNA1.940923.081

Return to originator

BE BRIEF - ELIMINATE UNNECESSARY WORDS

10. ORIGINATOR (On separate lines, enter Name, Routing Symbol, & Tel. No.)
Rudolph
DP-224.2
353-5553

11. DERIVATIVELY CLASSIFIED NSI
NATIONAL SECURITY INFORMATION
Unauthorized Disclosure subject to Administrative and Criminal Sanctions.
Derivative Classifier (Name)
(Title)
Declassify on (Date or Event/OADR)
Derivatively Classified by (Guide or Source Document)

12. ORIGINALLY CLASSIFIED NSI
NATIONAL SECURITY INFORMATION
Unauthorized Disclosure subject to Administrative and Criminal Sanctions.
Originally Classified by: (Name)
(Title)
Declassify on: (Date or Event/OADR)

13. ☐ RESTRICTED DATA
This document contains Restricted Data as defined in the Atomic Energy Act of 1954. Unauthorized disclosure subject to Administrative and Criminal Sanctions.
DERIVATIVE CLASSIFIER (Name and Title)

14. ☐ FORMERLY RESTRICTED DATA
Unauthorized disclosure subject to Administrative and Criminal Sanctions. Handle as Restricted Data in Foreign Dissemination Section 144.b Atomic Energy Act, 1954
DERIVATIVE CLASSIFIER (Name and Title)

15. INSERT BELOW, CLASSIFICATION LEVEL, UNCLASSIFIED, OR OFFICIAL USE ONLY
UNCLASSIFIED

1260

HRE-0680

DRAFT RESPONSES TO MONTOYA LETTER OF JULY 6, 1984

Roger Ray, NV
FTS 575-3553

1. The $3 million in the compact referred to in DOE's written testimony for the May 8 hearing states it is for the Marshalls government for three years in order to conduct medical surveillance and radiologic monitoring activities.

   A. What is intended to be done with that money?

   B. What sort of controls govern its expenditure?

   C. What role will DOE play in this activity?

   D. Can the Marshalls government contract with foreign countries to engage in any of the projects?

   On question #1, I suggest we defer to OMSN, since we did not participate in the drafting of the cited language. I believe that the purpose of the $3M ($1M/yr. for 3 yrs.) was to provide the RMI with the wherewithal to retain independent technical assistance to the claims tribunal - over and above the $2M/yr. of technical assistance money which must be used to obtain assistance from U.S. agencies.

   Only on #1D do I believe that we should ask to participate with OMSN in drafting a reply.

2. When were the Rongelap people removed from Rongelap after the Bravo shot?

   Evacuation of Rongelap commenced at about 7:30 a.m., March 3, 1954 (BRAVO + 2 days) and was completed by 10:30 the same day.

   Where were they moved?

   Initially all of the evacuees were taken to Kwajalein.

   What kind of medical treatment did they receive?

   They were decontaminated aboard ship enroute to Kwajalein and again on Kwajalein. They were first examined by the medical group at the Naval Dispensary there. Eight days after the accident a medical team of 21 doctors and technicians (requested by AEC) arrived, and for the next two months took medical histories, conducted physical examinations, and ministered to the exposed people.

   When were they allowed to go back to Rongelap?

   The people of Rongelap were returned to their atoll after a July 1957 evaluation of radiological conditions and reconstruction of their village.

2

3. Please provide for the record statistics showing the number of deaths and illnesses resulting among the Rongelap and Utirik people because of the radioactive fallout?

No scientific method exists for determining that any given death or illness resulted from radiation in the range of doses experienced by the Rongelap and Utirik people. The exposed population initially totalled 253 people (including 12 exposed in utero). Of these, 174 survive today. The most important health finding in this population is widespread development of thyroid abnormalities, but the size of the population is so small and historical data so sparse that statistical conclusions are difficult. One leukemia fatality in 1972 is generally considered more likely than not to have been radiation related. The thyroid conditions have in general, responded well to treatment and the general condition of health of the exposed Marshallese appears to be about the same as that of unexposed comparison groups.

4. Can you describe for us the radiological levels of Rongelap, and explain to us where these levels are compared to those on Bikini, Enewetak and the U.S. mainland?

The radiological conditions at Rongelap are described in detail in the report of the 1978 radiological survey of the Northern Marshall Islands. Predicted radiation doses for the people now living on Rongelap are well within the U.S. Federal guidelines for radiation exposure of the general population. For comparison, predicted doses for the people now residing on Enewetak Atoll are even lower than for Rongelap. There are two reasons for this: 1) the people are living on the southern islands of Enewetak which received relatively light fallout, and 2) currently their diet is predominately imported. At Bikini the situation is again different. On Bikini Island both the external doses and the internal food chain doses are significantly higher than those at either Rongelap or Enewetak. It has not proven practically feasible to maintain a population on Bikini Island and remain within the U.S. Federal guidelines. On Bikini's Enyu Island, however, contamination levels, though somewhat higher than on Rongelap, are significantly lower than those on Bikini. A population residing on Enyu and limiting its food gathering to that island should have no difficulty in staying within the guidelines.

A comparison with the U.S. mainland is not a straightforward arithmetical comparison. By and large, the U.S. population is subjected to radiation exposures from: 1) cosmic sources and 2) naturally occurring radionuclides in the environment, including those which occur naturally in foods. External exposure dominates and is not readily avoided. In the Marshall Islands, however, the natural sources of external exposure are quite low and in those areas affected by the test program the food chain becomes a significant and often dominant contributor. At Rongelap, external doses from all sources are well below those found in most areas of the United States. Adding the dose from locally produced food and water the people have remained within the U.S. Federal guidelines.

How safe is Rongelap?

We do not usually speak of degrees of safety. The people of Rongelap have been in equilibrium with their environment for some years now. Their body burdens of radionuclides have been regularly measured and these measurements confirm that their intake from their environment is not excessive. The dose commitment for residence on Rongelap is within the range of that which goes without notice in many other parts of the world. Of all of the factors adversely affecting the health and well being of the Rongelap people, radiation must assuredly be very low on a very long list.

Do the people of Rongelap need to take any special precautions in living on Rongelap? Can they eat the food that is grown there? Drink the water? Eat the fish?

Since 1957 the people of Rongelap have received advice from DOE (AEC) scientists regarding food restrictions. These appear to have been quite well understood and to have been adhered to. Today it is suggested by DOE that no significant portion of the diet be taken from the northern islands. No restrictions are suggested relative to the marine foods or to any foods grown or gathered (birds, eggs, etc.) on Rongelap Island. No restrictions on drinking water are required by the radiological conditions, although DOE scientists and physicians have frequently expressed concern about bacterial contamination of the available sources of water.

How many people in all live on Rongelap Atoll? Does anyone live on Naen Island or any of the other northern islands of Rongelap Atoll where the radiation levels are the highest?

Population distribution should be determined by DOI/TTPI/RMI.

When was the first time that the people of Rongelap were told about the results of the radiological survey?

As was the case at every other populated atoll visited by the Northern Marshall Islands Radiological Survey (1978), a public meeting was conducted at Rongelap on the day the survey team arrived. The survey manager, a senior Department of Energy official, acquainted the attendees (most of the adult population) with the nature and purpose of the survey. He promised that any significant results would be reported immediately (before the team's departure) and that a follow-up visit would be made. On the day of departure, another public meeting was held and available results were discussed in a free Question and Answer format. Technical reports of the results of the survey, in five parts, were issued on various dates between July 1981 and August 1983, and copies were transmitted, upon publication, to Marshall Islands Government authorities. During 1982 and 1983, DOE responded to requests from lawyers of the Marshall Islands Atomic Testing Litigation Project, who represented themselves as speaking for certain Rongelap residents, with copies of the technical reports of the survey. In December, 1982, DOE officials and scientists formally briefed Marshall Islands Government officials and members of the legislature (Nitijela) on the results of the survey. This briefing was held at Majuro and was attended by elected representatives

Incl. 4

of the Rongelap community. At this time copies of the bilingual book describing the survey and summarizing its results were distributed. Subsequently, in April 1983, the responsible DOE officials, accompanied by DOE scientists, visited each of the populated surveyed atolls. Presentations, including visual aids, were made entirely in Marshallese and were followed, usually after an overnight recess, by an open public meeting, to respond - in both languages - to questions in either English or Marshallese. At Rongelap, unfortunately, a disturbance in the community cut short the planned visit. However, the entire presentation in Marshallese was completed and copies of the bilingual report were distributed in numbers sufficient to assure that every man, woman and child could receive at least one copy. Upon departure from Rongelap the DOE survey project manager promised that the group would return at the invitation of the Rongelap leadership, and preliminary planning is currently under way to fulfill that promise.

How do they police their people to prevent them from eating food that is grown in the more contaminated places?

We cannot say that there is any "policing" of food restrictions. We are confident that the people have been informed and that they understand the DOE recommendations. Notwithstanding such confidence, we have continued regular visitations to Rongelap including bio-assay visits, which provide actual measurement of the radionuclides which may have been taken into the body of each individual. The results are reported in Marshallese and in English to the individual, and show conclusively that the people, however persuaded or motivated, are not consuming significant quantities of food from the more contaminated areas.

Why are the Rongelap currently evacuating Rongelap? Has anyone from your Department talked to them to ascertain why they are making this move? How many people have left Rongelap? Over what period of time? Where are they moving to? How many are left on Rongelap?

We have no reliable information of any actual evacuation of Rongelap. DOE has received no request for consultation specifically on this matter from DOI, TTPI, RMI or the people of Rongelap. DOE officials have discussed the subject with each of the government entities and have assured them that on the basis of radiological considerations no justification exists for again disrupting the lives of the Rongelap people.

5. We would like to hear from you details of the comprehensive radiological survey conducted by the Department of Energy in 1978. Tell us precisely where is was conducted (which islands and which atolls). How was it conducted? How long did it take?

The Radiological Survey of the Northern Marshall Islands is described in detail in two reports, copies of which are furnished herewith. Counting the preliminary photographic and mapping missions, the field work took about five months in the summer and fall of 1978.

When were the results announced?

Publication, announcement and briefing of results is discussed under question #4, above. An important fact to stress is that from the first day of the field effort until and beyond the final issuance of final reports and bilingual summary there was virtually continous reporting, by means of letters, conversations and meetings, to authorities of the three governments (US, TTPI and RMI).

What were the findings?

The findings are reported in the above-cited reports and in the bilingual summary. In brief, the survey confirmed, by exhaustive and detailed physical measurements, that no hitherto unknown radiological conditions existed which would be of consequence to the health and well being of the populations of the Northern Marshall Islands.

Were all the people affected in the Marshalls informed in their own languages of the results of this test? When did this occur?

Reporting is discussed in detail in response to question #4.

What was the total cost of conducting this survey?

The total incremental cost of the survey (above costs already programmed) was about $5 million.

Why did it take so long to acquire the results of the 1978 survey?

The survey required several major phases of effort:

a. Several months of planning, including recruitment and training of personnel.

b. Major restoration and outfitting of the survey ship, the USNS Wheeling.

c. Aerial photomapping of almost 300 separate islands, to facilitate safe navigation, survey planning, data recording, and reporting.

d. Conversion, test flight and crew training of US Navy helicopters.

e. The field effort - which required, in addition to in site measurements, the collection, cataloging, preservation and shipment of some 9,000 individual environmental samples (soils, water, fish, terrestrial and marine biota, etc.). This phase, which took almost three months, was actually completed several weeks ahead of schedule.

f. Laboratory analysis of the samples. After preparation (ashing, freeze drying, grinding, etc.) the samples were allocated to three major laboratories for analysis. This quantity of material saturated much of the required capability in the western United States for more than two years. Monitoring of this phase, including cross calibration of the three laboratories and the conduct of the requisite independent quality control program was a major effort.

6

g. Interpretation of data. The raw analytical data are of little practical value. The important next step is to determine how each of the compartments of the ecosystem contributes radiation dose to man. Before the analytical results (which are numbers) can be interpreted, there must be a mathematical model of the system and of man's relationship to it. The model must contemplate the complex interaction of social, economic, cultural, geographical, biological and other variables along with the wide variability of the analytical results. The product of this interpretation phase was the development of dose predictions for populations which might reside at the surveyed locations in specified or predicted lifestyles.

h. After completion of the work discussed above, report writing was a major task. It was not acceptable (or even feasible) to simply translate a scientific report from the original English into the Marshallese language. Marshallese does not have a vocabulary which can reliably convey even the simplest of scientific concepts by the simple process of translation. Rather it was necessary to assemble and train a team of linguists (both American and Marshallese) to work with the Amercian scientists and develop a dynamic-equivalent translation of an original English draft. This process, which was initiated at about the same time that the field survey work was begun, took several years. Concurrently, a retranslation into English was prepared, so that non-Marshallese speaking officials, advisors and administrators might know fairly accurately what had been told to the Northern Marshalls population. This English retranslation explains the somewhat stilted English text in the bilingual survey summary.

We cannot leave this question without an example which relates to the sense of urgency with which the DOE approached the subject of survey results. Once the field effort had been completed, and it had become clear to DOE scientists that there would be no major surprises in the final report of results, priorities were set for the remaining work to assure that the most critical data evaluation and conclusions would become available first. The most important questions at this time were determined to be those pertaining to potential resettlement of Bikini Atoll. Thus, Bikini was set apart for priority study. All of the steps discussed earlier were carried out for Bikini and the technical report on Bikini, including the dose assessment, was published in 1980. A separate bilingual publication was prepared two years ahead of the overall Northern Marshalls summary, and in October, 1980, a team of DOE officials and scientists travelled to Kili to present their findings to the Bikini people.

In summary, we must reiterate that the governments and the people concerned have been kept fully and currently informed of progress and results of the radiological evaluation known as the Northern Marshall Islands Radiological Survey.

6. Have any other surveys or studies related to the above been conducted by Energy before or since the 1978 test? If so, what were the findings?

The United States has conducted environmental radiological studies and surveys in the Marshall Islands since the earliest days of atmospheric nuclear testing. These studies and surveys have been reported upon in various forms ranging from official program synopses to refereed publications in the open scientific literature. Their findings have been the basis for resettlement decisions, cleanup actions, remedial measures, and further surveillance and study. In general, the findings are reflected in actions taken by the United States and Trust Territory governments with respect to the people of the atolls directly affected by the nuclear weapons test program.

7. Some critics of the U.S. Energy Department and its conduct in the Pacific claim that the U.S. should have conducted an epidemiological study, i.e., a study of diseases in a large group of people, of all the Marshallese people? Has this ever been considered? Would such a study tell us anything we don't already know from existing data? Why wasn't one done?

Undoubtedly there are things which might be learned from epidemiological studies of the Marshallese people or, for that matter, of any other population. It is difficult to envision, however, how such studies might have been of benefit to the exposed population, for whom the Congress, in PL 95-134, mandated medical care and treatment. The agencies concerned have made no attempt to limit such treatment to provable cases of radiation causation, first because there is today no known means of making such distinction but even more importantly because it seemed to be the sense of Congressional intent that the people exposed to radiation from the BRAVO accident were entitled to care and to the benefit of any doubt which might exist. Thus, all of the residents of Rongelap and Utirik on March 1, 1954, including twelve then unborn who were exposed in utero, have been provided equal care, treatment, and benefits. Epidemiological studies might conceivably be of value to the United States in defending lawsuits or for the advancement of the science of radiobiology, but neither of these purposes has seemed to justify the suggested studies, at least under DOE sponsorship.

8. Energy has claimed that it conducted some 23 announced nuclear tests in the Northern Marshalls. How many unannounced nuclear tests were conducted?

The Department of Energy publication "Announced United States Nuclear Tests" (NVO-209 Rev. 4), dated January 1984, shows 23 tests at Bikini and in addition 43 at Enewetak, for a total in the Marshall Islands of 66 tests. Although not all of these tests were announced at the time, there remain no unannounced tests beyond the 66.

8.

9. Currently U.S. law prohibits any nuclear dumping or storage on any part of the Trust Territory without the specific consent of the U.S. Congress. Is there any such provision in the compact? If not, what is to prevent the Marshall Islands government, if it chooses to, from using Bikini Island as a nuclear storage waste dump in return for money from the nations that want to use it for such.

DOE has no special knowledge of this subject, nor any jurisdiction pertinent thereto.

10. Under the terms of the compact, what provisions have been made to make available to the Rongelap and Utirik people their medical records now only kept in New York at Brookhaven?

It is and for some years has been the policy and practice of the Department of Energy to make all of its medical findings and records pertaining to the people of the Marshall Islands available to the health authorities of the Republic and to the people themselves. Individual patient records are made available on request to the patient or any properly designated representative. Routinely a copy of the report of examination is furnished to the individual concerned at the time of the examination, and to Marshall Islands health care authorities.

We are aware of no provision of the Compact having any bearing specifically upon this subject. Nor do we have any reason to expect any change in DOE policy or practice.

11. Could the Department of Energy make available to our committee copies of all the documents relating to the "Bravo" nuclear test shot?

"All documents relating to the BRAVO nuclear test shot" would be a very large collection requiring an extensive search of numerous archives. Many such documents remain classified. The Department of Energy will be pleased to respond to specific questions regarding BRAVO and to cite and identify authoritative references as appropriate.

We will especially welcome the opportunity to discuss allegations made before the Committee that the BRAVO incident was "falsely" characterized as an accident and that the exposures of Marshallese people were "falsely" termed accidental.

12. What kind of radiological health care will the Energy Department continue to provide victims of U.S. nuclear tests under the terms of the compact?

Under the terms of the Compact and its subsidiary Section 177 agreement, no provision is made specifically for the Energy Department to continue its health care of the exposed population except as such care may be requested by the RMI under the technical assistance provisions of that agreement. The transition from the current program to Post-Trusteeship arrangements remains to be negotiated with the Republic of the Marshall Islands.

((Note for DOE Hq Staff: This question #12 and the answer thereto focus upon the most significant DOE-related issue of the Compact approval process. The broad question is whether, by entering into a Compact with the Republic of the Marshall Islands the Administration can cancel a legislative mandate to provide health care benefits to injured Marshallese.))

13. What is the cost to date of the radiological impact of the nuclear testing conducted in the Northern Marshalls? Please include a breakdown. Health care costs should also be part of this.

Question #13 is not clear. Is the "cost to date of the impact" a measure of the loss to the people of the Marshall Islands or does the question refer to the expenditures by the U.S. Government in attempts to offset or alleviate that impact? NV's direct Marshall Islands program costs have been modest and are well documented in Headquarters. Funding provided to LLNL (thru SAN) and to Brookhaven (thru Chicago) must be added, along with Defense Department funding, notably at Enewetak (1972-1980) and at Bikini (1968-1970) and along with funding through the DOI and the TTPI from 1946 to the present.

14. Section 1 - Health, Food, Agricultural Maintenance and Radiological Surveillance -- Article II [p. 311] provides $30 million to the Government of the Marshall Islands to be disbursed in annual amounts of $2 million for a 15-year period. "The Government of the United States shall provide such teechnical assistance including United States contractor services to assist the Government of the Marshall Islands to include, in its health-care system, health-care programs and services related to consequences of the Nuclear Testing Program and contemplated in United States Public Law 95-134 and United States Public Law 96-205."

° The intent underlying P.L. 95-134 and 96-205 is that the Secretary of the Interior will administer health-care programs for those Marshallese adversely affected by U.S. nuclear testing. What role does the United States government play under Section 1, Article II? It would appear that if the Government of the Marshalls failed to request technical assistance or wished to terminate technical assistance by discontinuing reimbursement for the program the United States would have little recourse except to comply. What is your interpretation?

° Another intent of P.L. 96-205 is that the prescribed health-care program will apply only to those Marshallese adversely affected by nuclear testing. Yet, the Preamble of the agreement [p. 309] avers that it is "the expressed desire of the Government of the Marshall Islands to include in its integrated, comprehensive and universal medical health-care system, the health-care and surveillance programs and radiological monitoring activities contemplated in United States Public Law 95-134 and United States Public Law 96-205."