LETTER: Reply To Mitchell

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Dear Editor:

Ted Mitchell's lengthy article in the September issue of the Micronesian Independent on the return of the Enewetak people to their atoll ignores some important points and treats a number of serious health and scientific issues in a less than serious manner. Some examples are:

1) While Mitchell says that there are "none better than Drs. Bender, Brill and Ogle," he ignores the serious disagreement among the United States scientific community on the safety of Enewetak.

Dr. Rosalie Bertell, a consultant to the Division of Standard Setting of the U.S. Nuclear Regulatory Commission, said that the

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report on Enewetak's safety written by Bender and Brill "reduced the radiation dose of the inhabitants of Enbeji by averaging in the population less exposed. This is like telling one member of a family his or her risk of lung cancer is lowered if the other non-smoking members of the family are included and an average risk given. It is a scientifically ridiculous approach to public health."

Dr. Edward Martell, a researcher involved in the Bikini and Enewetak testing during the 1950's, said in 1974, "The resettlement of such sites is extremely likely to have tragic consequences, particularly for the younger members of the inhabitants. Progressively worse consequences are to be expected for each successive generation in the affected population group."

2) The Defense Nuclear Agency calls the clean up operation a "remarkable success." Yet there are inconsistencies in the government's safety plan which raise questions. For example, if you stand on the dome at Runit Island, you are not required to wear any protective clothing. But standing a mere 15 feet away on Runit Island, you are required to wear boots and also a face mask to avoid breathing wind carried plutonium particles.

3) Mitchell treats the question of plutonium contamination from Runit or other islands with sarcasm, ridiculing the possibility of "a bird flying from Runit to some island in the south with deadly radiation between its toes and being eaten by somebody, who will presumably drop dead instantly."

In fact, government scientists have noted that on Rongelap Atoll three species of terns in one year deposited more than 90,000 pounds of waste. As coconut trees and other plants take up this waste as fertilizer, its contamination can pose a serious problem in the food chain.

Secondly, although Mitchell must know of the many years time between exposure to radioactivity and the development of leukemias, tumors and cancers, he deals with this serious issue only jokingly.

4) Most responsible scientists use the "linear" method to estimate hazards from radiaton exposure, that is, health problems are directly related to the size of the dose down to the smallest dose. What this means is that no "safe" level of exposure exists. Every dose, to the smallest exposure carries some risk.

We know that natural radiation (which comes from the sun, etc.) is hazardous as

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Johnson: Problems With Bender and Brill Report

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it causes a high [illegible] of cancers. When other radiation exposure (from nuclear tests, atomic energy, etc.) is added to this already existing hazardous amount of radiation it simply means the risk of health problems is increased.

Moreover, the contamination of Enewetak comes mostly from plutonium, strontium and cesium which do NOT occur naturally, and furthermore are biologicly much more toxic than "natural". radionuclides.

Dr. Karl Z. Morgan of the School of Nuclear Engineering, Georgia Institute of Technology, says of the Bender and Brill study that "the objective should be to reduce this background radiation . . . not use this as an excuse to permit more malignancies. One bad thing does not justify another."

5) To prove that Enjebi is safe it is compared with the city of Denver. Denver, however, has some of the highest contamination levels of anyplace in the United States. Dr. Bartell said of the Bender and Brill study that "the authors might better call for federal asistance for the people of Colorado" than to urge a return to Enjebi which has radiation levels that "match another polluted or high risk area."

6) Cancer is focused on as the major health problem that could develop on Enewetak. The discussion omits mention of hypothyroidism, aplastic anemia, premature aging, benign tumors and other such disorders (which Marshallese from other radiation-contaminated from).

7) Mitchell says "the Enewetak people will NEVER be exposed to dangerous amounts of radiation." This is what the Atomic Energy Commission said about the Bikini people in 1969. This is what the residents of Utah and Nevada in the U.S. were told for years by the AEC and the Department of Energy. The people of Utrik were also told they would not have any health problems from their small exposure. In each case, what turned out to be inaccurate statements by the responsible authorities led to serious exposures or health problems, including deaths.

Judging radiation doses is not a precise matter, but a matter of estimates based on "average" exposure. An average exposure means that some people get more and some get less. When an average is given for a population it may be below what is being called a "safe" level, although some people must have received doses higher than the average (as at Bikini in 1978, for instance).

8) It is gratifying to see that after all the money spent on nuclear testing, a large medical and environmental program is about to begin for Enewetak, Bikini, Rongelap and Utirik. Mitchell asserts, however, that this program will "protect the people from ANY radiation exposure because the environment will be constantly monitored to prevent any of the radiation from passing into the food people."

Mitchell is contradicting himself. He has just said that the people on Enjebi will receive an average dose of about 186 millirems. No monitoring of the environment will prevent that exposure. Indeed, the people will be exposed to the residual radiation on all of their islands.

Since there is residual radiation on the islands, there is radiaton in the food chain. If people are to eat any food from the islands they will receive concentrated amounts of radiation (no mater how small). So it is an error to assert that environmental monitoring of Enewetak can prevent any radiation exposure, because even if the people do not eat any local foods, they will still be exposed to radiation from the environment (by breathing or through cuts in the skin, etc.).

Additionally, although presumably there will be some differences from the Bikini monitoring and the medical monitoring programs that will be conducted at Enewetak, it should be recalled that countless studies of the environment and on the people were conducted at Bikini during the 1970's. Yet the United States authorities were unable to predict the problems of radiation exposure that finally occurred and forced the removal of the people in 1978.

The decision of the Enewetak people to return to their atoll has been based on many different factors. That decision should be entirely up to the people from Enewetak. In making that decision, however, they need to know that from a radiological point of view there are two sides to the story and that there is considerable disagreement in the American scientific community over the safety of Enewetak. The weight given this consideration is for the Enewetak people to decide.

But at the very least, they should be aware of this.

The seriousness with which the Enewetak people have considered returning home deserves better than Mitchell's flippant and joking response to important questions on the future health and safety of the people.

Cliff Johnson
Honolulu
Oct. 18, 1980

[redacted] 5013249

Marshall Islands District

TRUST TERRITORY OF THE PACIFIC ISLANDS

TOTAL POPULATION..... ~~25,063~~

BIKAR ATOLL

ENIWETOK ATOLL
600 mi. to Dist. Center by Water

BIKINI ATOLL POPULATION 75
480 mi. to Dist. Center by Water

AILINGINAE ATOLL

RONGERIK ATOLL

RONGELAP ATOLL
POPULATION 165
410 mi. to Dist Center by Water

UTIRIK ATOLL
POPULATION 217

FAKA ATOLL

AILUK ATOLL
POPULATION 335
230 mi. to Dist Center by Water

MEJIT I.
POPULATION 271
202 mi. to Dist Center by Water

WOTHO ATOLL
360 mi. to Dist. Center by Water
POPULATION 61

LIKIEP ATOLL
POPULATION 406
220 mi. to Dist Center by Water

JEMO I.

UJELANG ATOLL
POPULATION 342
687 mi. to Dist Center by Water

WOTJE ATOLL
POPULATION 425
213 mi. to Dist Center by Water

UJAE ATOLL
POPULATION 209
360 mi. to Dist Center by Water

KWAJALEIN ATOLL
270 mi. to Dist. Center by Water
EBEYE
POPULATION 5,124

LAE ATOLL
POPULATION 154

ERIKUB ATOLL

MALOELAP ATOLL
POPULATION 432
105 mi. to Dist Center by Water

AUR ATOLL
POPULATION 300
75 mi. to Dist Center by Water

LIB I.
POPULATION 98

NAMU ATOLL
POPULATION 493 167
180 mi. to Dist Center by Water

JABWOT I.
POPULATION 70

AILINGLAPALAP ATOLL
POPULATION 1,100
148 mi. to Dist. Center by Water

Laura
POPULATION 2,287
35 mi. to Dist Center by Road
30 mi. to Dist Center by Water

Dist. Center

MAJURO ATOLL
POPULATION 8,003

ARNO ATOLL
POPULATION 1,120
35 mi. to Dist Center by Water

JALUIT ATOLL
POPULATION 925
117 mi. to Dist Center by Water

MILI ATOLL
POPULATION 538
90 mi. to Dist Center by Water

KNOX ATOLL

NAMORIK ATOLL
POPULATION 431
224 mi. to Dist Center by Water

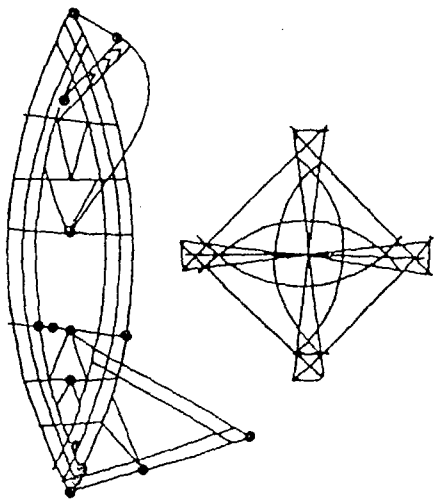
KILI I.
POPULATION 360
159 mi. to Dist Center by Water

EBON ATOLL
POPULATION 739
229 mi. to Dist Center by Water

NOTES:

TRANSPORTATION TO OUTLYING VILLAGES IS BY WATER.

WATER DISTANCES ARE SCALED FROM EXISTING DOCK IN THE RESPECTIVE MUNICIPALITY.



50 0 100 200 300

Statute Miles

NOTE:

GEOGRAPHIC CENTERS OF ISLANDS AND LAGOONS ARE PLOTTED TO THE UNIFORM MAP SCALE

OUTLINE DETAILS OF ISLANDS AND LAGOONS ARE DRAWN TO ONE-HALF THE MAP SCALE.

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