House of Representatives Committee on Appropriations Bashington, B.C. 20515

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Sincerely.

Clerk and Staff Director

Way 29 1981

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Committee Hearings

of the

U.S. HOUSE OF REPRESENTATIVES



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1 RPTR KNOWLES 2 10:00 a.m. 3 4 5 DEPARTMENT OF THE INTERIOR AND RELATED 6 7 AGENCIES APPROPRIATIONS FOR 1982 8 9 Wednesday, May 13, 1981 10 11 12 OUTSIDE FEDERAL WITNESSES 13 14 WITNESSES DR. BRUCE WACHHOLZ, OFFICE OF HEALTH AND ENVIRONMENTAL 15 RESEARCH, ACTING ASSISTANT SECRETARY FOR ENVIRONMENTAL 16 PROTECTION, SAPETY AND EMBROY PREPAREDNESS, DEPARTMENT OF 17 ENERGY; 18 DR. WILLIAM BURR, OFFICE OF HEALTH AND ENVIRONMENT, ACTING 19 ASSISTANT SECRETARY FOR ENVIRONMENTAL PROTECTION, SAFETY AND Emerson () ENERGY PREPAREDNESS, DEPARTMENT OF ENERGY; 21 L. JOE DEAL, CHIEF, ENVIRONMENTAL PROTECTION AND SAFETY 22 BOARD, ACTING ASSISTANT SECRETARY FOR ENVIRONMENTAL 23 PROTECTION, SAFETY AND ENERGY PREPAREDNESS, DEPARTMENT OF 24 25 ENERGY:

26 STEVEN GOTTLIEB, DEPUTY ASSISTANT GENERAL COUNSEL,

- 27 ENVIRONMENTAL PROTECTION, SAFETY AND ENERGY PREPAREDRESS.
- 28 DEPARTMENT OF ENERGY;
- JOHN E. DE YOUNG, SENIOR STAFF ASSISTANT INTERN,
- 30 TERRITORIAL AND AFFAIRS; AND
- 31 DANIEL HIGH, ACTING DEPUTY HIGH COMMISSIONER

15 DR. BD: "

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THE OF HEALTH AND ERVIRORIGATION

CHUTARY FOR ENVIRONMENTAL

. . THEBHESS, DEPARTMENT OF

32 Mr. MURTHA. Do we have Dr. Bruce Wachholz?

33 Dr. WACHHOLZ. Yes, sir.

up this morning.

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- Mr. MURTHA. Dr. William Burr and L. Joe Deal, and Mr.
- 35 deYoung. Have a seat, Mr. deYoung.
- Mr. deYoung, if you will introduce your colleagues.
- Mr. DEYOUNG. Thank you, Mr. Chairman. There are a number of items on radiation survey, medical program, to there are a survey of medical program, to the are a number of items of resettlement of displaced people that will come

We have with us the acting Deputy High Commissioner for the Trust Territory, Mr. Daniel High, who will address some of the resettlement problems. He is accompanied by his Budget Officer. There are some backup support witnesses for the Department of Interior from the Department of Energy.

45 the Department of Interior from the Department of Energy.

46 a.c. Dr. Burr, Dr. Wachholz, Mr. Deal and Mr. Gottlieb. They will be addressing the problems specifically that relate to radiation.

Mr. MURTHA. I understand that you have an opening statement, is that correct?

Mr. DEYOUNG. We have no prepared opening statement. We are prepared to answer any questions the committee would like to put to us.

Mr. MURTHA. Mr. deYoung, would you provide for the committee an update of the radiological status of both Bikini and Enewetak Atolls?

57 Mr. DEYOUNE. Thank you, Mr. Chairman. Dr. Wachholz, of 58 the Department of Energy, as prepared to present that on 59 behalf of the gavernment. 60 Dr. WACHHOLZ. for. Chairman, I think the committee staff 61 has been provided with copies of the latest documents that are available to the Repartment of Emergy. 62 THE FINAL DOSE REASSESSMENT The latest on the Engwetak miduation is g document, this 63 64 particular document, reassessment, which you have, I 65 believe. Was that provided to the committee? 66 Mr. DEYOUNG. 67 Yes. Dr. WACHHOIZ. and last fall, we provided to the people 68 of Bikini a status report of the radiological situation 69 70 status of Bikini Atoll. This was a follow-on of our earlier OF A SIMILAR NATURE REPORTING ON THE RADIOLOGICAL STATUS OF ENEUETAX ATOLL 71 book for the Enewetak paoxie. 72 In terms of the dose assessment for various living patterns and conditions of both atollis, they are discussed 73 BASIC ENEWETHE 74 in hore. THESE DOCUMENTS. THE FINAL In terms of the Bard-sore Cata, that is in this book for 75 TOGETHER WITH ITS APPENDICES. the Enewetak Atolly and this will be followed by a similar document from Leurence Livermore National Laboratory in 77 several months, giving the complete assessment with respect 78 79 to Bikini Aroll. For the record, would you identify them? Mr. GOTTLIEB. 80 The Emewetak book that I am referring tois 81 Dr. WACHHOLZ.

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entitled ''Reassessment of the Potential Radiological Does
for Residents Resettling Enewetak Atoll,'' and the two
previous documents to which I made reference are ''The
Meaning of Radiation at Bikini Atoll,'' and a document.

''The Eneweyar Atoll Today.''

Mr. MURTHA. We will keep a copy of those documents for our files. If you will review and summarize the conclusions of those studies, please?

Dr. WACHHOLZ. The conclusions of these studies are based

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solely on radiation doses and do not take whatever other

factors one might wish to include in any judgments regarding

the future of these atolls and the people.

The statements I will make are based on a comparison with U.S. radiation exposure limits.

With respect to Enewetak, I think you will find that the ESTIMATED THE latest dose numbers in this final document are roughly about "THE EMEMETAK ATOLL TODAY" 10 to 20 percent higher than they were when we printed this document a year and a half or two years ago, because of the greater data base which has become available since that time.

Mr. MURTHA. So there is no increase in actual radiation, there is only an increase in the accumulation of information which--

Dr. WACHHOLZ. But that increase in information has led to a recalculation.

107	nr. nukina. I understand,
108	ESTIMATES DOSES Dr. WACHHOLZ. In which the dosages themselves are
109	roughly 10 to 20 percent higher.
110	Mr. MURTHA. And the bottom line, how do they compare
111	with areas that don't have radiation?
112	Dr. WACHHOLZ. With respect to the southern islands at
113	Enewetak Atoll, they are well within U.S. exposure
114	standards. Well below U.S. exposuse standards.
115	With respect to the island of Enjebi, they are above U.S
116	
-117	again: there is only one situation whose they are or could
118	be within U.S. exposure standards, and that would have a
119	number of restrictions associated with it, specifically for
120	the Island of Eneu.
121	P60P1C They would have to reside solely on Eneu; Approximately
122	50 percent of their diet would have to be from imported
123	foods, and there would have to be rather stringent
124	
125	specifically Bikini Island, and no food eaten from Bikini
126	Island.
127	With those four restrictions, constraints one could fal
128	within the U.S. exposure standards.
129	Mr. MURTHA. Is this a final report? For instance, you
130	find 15, 20 percent higher radiation levels with new data.
131	Is it possible that you coud again have the same problem,

that more data would increase the amount on the atolls where there is low radiation?

Dr. WACHHOLZ. In terms of the data base which is scientists currently available, our people in the laboratory believe that they have the total data base for both Enewetak and Bikini at this time.

This became complete roughly a year ago or thereabouts, which led to the increase in the estimates at Enewetak. But the Bikini numbers should be final. I have been assured of that.

Mr. MURTHA. When will you survey the next time?

Dr. WACHHOLZ. Bikini? We probably would survey; per the provisions of the U.S. Government would survey per the provisions of Public Law 96-205, at least once every five years, minimum.

Mr. MURTHA. There is no need to survey the ones where the radiation is below?

Dr. WACHHOLZ. The southern islands of Enewetak, we really don't see any need to survey those in the same manner right now. Certainly when the coconut trees mature and other food crops mature and some we can see that there would be some interest in doing some sampling at that time.

Mr. MURTHA. Two other questions. One: Are there any other atolls in the northern Marshalls that you have not surveyed, or that you have surveyed and you haven't mentioned the results?

157	Dr. WACHHOLZ. Well we conducted survey of 11 atolls and
158	two islands as part of the northern Marshall Islands
	BUT ON THIS MATTER
159	radiological survey. I would defer to Mr. Deal.
160	Mr. DEAL. Thank you. We provided, the other day, Mr.
161	Chairman. and posterday, the final report of the external
162	radiation doses of that surveyresTERDAY
163	There will be a number of copies available in a short
164	period of time. We have a second printing.
165	The report, the survey didn't show us, any surprises. We
166	found the radiation essentially where we expected to find
167	it. This survey has provided a guideline for the internal
168	dose studies and the things Dr. Wachholz was talking about.
169	So I think we have a very extensive base of information 🌤
170	documents and shows the condition of those atolls today, the
171	ones that did get radiation and those that didn't.
172	Mr. MURTHA. Why do we have high radiation levels on some
173	atolls, and others, we don't? For instance, Enewetak, I
174	would have thought, would have been much higher, but it is
175	at a satisfactory level. Why is that?
176	Mr. DEAL. It has to do with the conditions of the
177	testing at the time. When the weapons testing program was
178	going on in the early '50s, I guess, and late '40s, there
179	were certain atolls that they conducted nuclear tests on.
180	I think there were, I have forgotten exact numbers, but
181	there were around 100 shot in a number of places there, with

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Atolls the bulk of them being Bikini and Enewetak. FOR THESE TESTS. 183 At Enewetak Atoll, they used the northern islands, That is WERE RADIATION That was the shot islands the 184 why you have the problems there. WEER PLAUNED They planned theme tests in such a way that the wind would 185 186 carry the fallout out to sea, so they did not get fallout in THE SOUTHERN ISLANDS AT ENEWETHK ATOLL. 187 those areas.

That is basically the reason. Bikini was the same way.

Mr. MURTHA. Mr. deYoung, what activities is the

Department of Interior engaged in with regards to the

affected atolls?

Mr. DEYOUNG. By ''affected atolls,'' I assume you are referring to Bikini, Enewetak and probably Rongelap and Utirik in which we actually had some fallout occur and that directly affected the people.

The people of Bikini and Enewetak were not affected by the fallout. They had been relocated and so were outside of the fallout area.

With respect to Rongelap and Utirik, a medical monitoring program has been under way since 1954. This has been conducted under the auspices of the Department of Energy.

In recent years, Congress has appropriated funds for the injured to compensation for the fallout victims. I am pleased to report that the compensation is up to date, and there is at the present time adequate reserve in the fund, we think, to and cover new cases that might occur within the coming years.

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207 The Enewetak people, and you will be hearing more directly 208 from them later on this morning, have been returned to the southern islands of Enewetak. 209 210 They actually returned in two groups. Half of them 211 returned last April. The second half returned in October. 212 They are occupying new communities in the southern islands 213 of Enewetak and Medren, and a small island, Japtan. 214 Since the crops in the southern island are not yet and 215 bearing A it will be another six or seven years before that 216 occurs, you have a situation where you have a new community, but no food crops, no trees, little or no shade, so that the 217 218 people of Enewetak have always anticipated they would continue probably to use the island Ujelang on which they 219 220 have been residing for the last several decades as a 221 community to which they would go to gather food. will on Michang 222 Possibly some of them/live/for various periods of time. 223 The group that went back to Enewetak last year decided they 224 would try on a trial basis, for three to four months, to see if they really could adapt to Tthis brand new community that 225 other crops in production. doesn't have trees and things like this. 226 The bulk of the group seems to have decided that it is 227 mec of to line on anewetak feasible probably with some return to Ujelang. 228 ago, approximately 90 of the Enewetak people returned to 229 Ujelang. We don't know precisely what the Ujelang Council 230

has in mind, whether they will set up a revolving group that

232 moves back and forth. This is something that they will be 233 telling us in the future.

The Bikini problem is still before us. We had, as the committee knows, originally proposed to move the people back to the Island of Bikini. That program was completely washed out several years ago when it was learned that the food intake on the Island of Bikini, through the plants, was such that Bikini Island simply could not be used for habitation or for agricultural purposes.

And I think the estimates at that time A land to my are Lat understanding, are still valid today, Ait will be 60 to 90 years before the Island of Bikini can be used.

The Island of Eneu, which was somewhat south of the 1954 fallout, I think something like seven miles south of Bikini Island, did not receive as much fallout,

As Dr. Wachholz earlier indicated, under certain stringent conditions, possibly could be used for at least some resettlement. I say ''some,'' because there is a question as to whether that small island could support all of the Bikinians, even if the stringent regulations could be met.

I must say very candidly, there is some feeling that the stringent regulations that must be followed are of such a nature that they cannot be guaranteed in the future.

This originally led the Department to not consider Eneu as a place of resettlement. The people of Bikini, however,

ENERGY, IN CONSULTATION WITH COUNSEL FOR THE BIRINI PEOPLE CALGULATED AUTICIPATED RADIATION DASES UNDER NAME: HAP 133080 RESET THE MENT OF ENEU ISLAND WITHIN U. T. EXPASSIBLE LIMITS, THESE CALLLATIONS 257 asked for that decision to be reconsidered, and that led to 258 the dose assessment work that Dr. Wachholz mentioned a 259 little earlier. The people of Enewetak and Bikini, and their legal 260 261 adviser, almays have retained independent scientific 262 consultants who will be examining the results done by the 263 Department of Energy, and will be advising the people of Bikini on those results later this year. 264 In the interim period, we do have a program of temporary 265 rehabilitation on Kili Island, and We are looking forward to 266 what we call a long-range rehabiliation of Kili, since it 267 268 appears Kili must be used for a considerable period of time. 269 The details on those programs can be addressed by Mr. 270 High, the acting Deputy Commissioner, because he has some 271 last-minute details on that particular program. 272 I would be very happy to have him answer. 273 Mr. MURTHA. Mr. High. 274 Yes, Mr. Chairman. It is a little difficult Mr. HIGH. 275 to hear back there with our backs to Mr. deYoung. As I 276 understand, the question is on Kili, is that correct? I have, Mr. Chairman, a report. I have also visited Kili 277 one time in furtherance of the payment which was made by the 278 279 United States Congress. I turned out to be the messenger with the money, which was a very popular task, I can tell 280

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you.

So I have done that on behalf of the Congress. The statement I have from the former High Commissioner, Mr.

Winkle, could, perhaps, be basically read or paraphrased.

But it is this, that in conjunction with the people of Bikini, there have been a number of actions taken in the past few years and recently to try and ease the conditions that they face there.

As you know, four months of the year, there are very harsh waves that they encounter and the island becomes practically inaccessible for the field trip ships.

I encountered that, myself. We had to lay off the island for some time before we could get ashore. I personally watched the boat tip. People scattered every which direction, outboard engines going up in the air. A very dangerous situation.

We were delayed in our departure about two days even getting off the island. This was in January. You can't quite appreciate it until you experience it, in water up to here.

You had videotapes yesterday. I have some I took when I was out there just for farm purposes. I don't have them here, but they are very graphic when you see what they do.

So High Commissioner Winkle, and certainly I, myself, realize that there are conditions that need to be mitigated and lessened if the people are to stay there for a

307 continuing length of time.

So that is the basis from which I am sure Mr. Winkle was working. As you know, there have been visits to other sites, alternate resettlement sites. They have been basically unsuccessful.

The people and leaders have viewed locations in Hawaii, Wake Island, there was an over-flight of Palmyra. As I understand it, the air field was such that the military plane that had the representatives on it could not land, so they did not actually land on the island.

They over-flew it but because of the distance from the area to which they are used to living, some other things, it simply did not appear to be a feasible site for them.

They felt it would be too isolated. So from the places we have looked at, it appears until they can return to their original homeland, kiki appears to be it at the moment, at least, realistically speaking. It isn't a very popular decision.

Mr. MURTHA. What is the distance you are talking about?

Mr. HIGH. You mean with Palmyra?

327 Mr. MURTHA. Yes.

Mr. HIGH. I think it is 1000 miles or something from Hawaii. It is quite a ways away. As far as the facilities on Kili, my own personal impression when I want ashore was that the housing is very good, but it is wood construction,

select an independent, non-U.S. Government scientist to validate, review and assess DOE's radiological studies of Bikini.

The Bikinians have selected Epidemiology Resources, Inc.

(ERI) of Boston, Massachusetts, led by Dr. Henry I. Kohn,

professor emeritus at Harvard Medical School, to conduct

this review.

Phase I of the review, to be funded by DOE, will involve the preparation of a technical scientific evaluation of DOE's conclusions.

Phase II, to be funded by DOI, will involve the preparation of a bilingual lay booklet for the Bikinians and a visit to Kili by ERI to explain its conclusions and recommendations and to answer questions the Bikinians may have.

This work is ready to be conducted immediately, and a trip to Kili has been tentatively scheduled for the late fall.

It is hope that ERI's project will constitute the final word for now on the radiological safety of Bikini and Eneu.

As a brief update on where the independent assessment stands, DOI has acknowledged a willingness to support this Phase II aspect, the preparation of a booklet for the Bikinians and a visit by the scientists to Kili.

As to Phase I, the technical report, to be funded by DOE, we have not yet reached an agreement with DOE on the exact

986 level of funding and the exact scope of the work to be 987 performed.

We are hopeful to get this resolved just as soon as possible, meaning in the next 10 days, because the project really should go ahead.

DOE has its budgetary constraints. We are trying to pare this down to the simplest review possible that still meets the critera set forth in the settlement agreement, which is to provide an independent assessment for the Bikinians.

The last area of needed appropriations is ongoing costs and activities, including travel and related expenses, improved educational facilities on Kili, contingency funding, the health care program referred to earlier, periodic radiological surveys of Bikini Atoll and updated radiation dose assessments.

Mr. MURTHA. I would like you to provide some detailed information for the record, breaking down the various suggestions you have and estimated costs of those suggestions.

Mr. WEISGALL. I will do so, and provide that to the committee shortly.

1007 [The information follows:]

332 wood with tin and so forth.

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It wouldn't last through one typhoon on Saipan, but a lot of things don't. They don't normally have typhoons in this area, but we have had high winds of late.

We had tidal wave action a few years ago, waves came up and washed the temporary platforms off the foundations. I saw that, or effects of it.

So they do have wind and do need to be prepared against the fact that you might get a real typhoon out there and the people would have nothing but wood houses to protect them.

In that regard, there is a community center, typhoon shelter combinations, a building which was being constructed while I was there.

I would say it is very well-constructed. It has huge prefabbed, pressed-wood beams. It looks like one of these steel buildings with the steel work inside it, only it's done out of wood.

It looked to me like it would stand about anything that would come along. That is the only building constructed to that degree of strength on the island that I saw.

Mr. MURTHA. How many people can get inside the building?

Mr. HIGH. I am sure the representatives from Kili can

tell you better than I, but it looked to me like everyone

could get in.

356 It's a huge structure. It looked like you could play

tel you about that.

basketball. It's a pretty big building. There are
approximately 68 temporary houses, cook houses, showers,
three classrooms, an access road.

I am not quite sure what that refers to. There is a road that runs down the middle of the housing area. When I say ''road,'' when I was there, it consisted of basically sand. I mean, it was difficult to walk in. So I am not sure what

364 the access road is.

365 Someone from Kili, I think, would be better equipped to

Mr. MURTHA. Do you have vehicles there?

368 Mr. HIGH. When I was there, the only vehicle I saw was a 369 tractor with a front-end loader that was used by the 370 contractor, Holmes & Narver, who were doing work on the 371 island. That would run up and down occasionally.

While I was there, I walked and everyone I saw was walking. I don't know if that situation has changed, but there is no paving I saw.

The storm shelter I see mentioned here is 4000 square feet, this building I was telling you about. The runway that has been requested, the airstrip, was the subject of a contract signed by High Commissioner Winkle the day before he left office, about three days before I left for Washington.

It is with, I think, AIC, American International

Contractors. I believe that is who it is with. A gentleman name Tolkoes. They have done work there and quite successfully.

They are already purchasing equipment, mobilizing gear, and ready to go in and do the work. I have talked with them. They are going to, of course, use people from Kili to assist with the construction.

International Bridge Corporation. It used to be with AIC, but it's split off. That has been signed. The project is bonded, so there should be no difficulty in seeing it through to completion. It is planned to begin by the end of May.

So as far as mobilizing, they are doing that now. So that's correct. This shows a completion date of September, this year. I am not sure that is still correct. I don't recall.

Mr. MURTHA. Do they have the same weather problems there we were talking about yesterday?

Mr. HIGH. Well, you have rain. But throughout the Trust Territory, you have a dry season, a wet season, a trade wind season and so forth. The main problem on Kili, as I understand, is the wind, winter trade winds that whip the seas up.

you can't get onshore with equipment. Once that season is over, I wouldn't think you would have much problem. Getting

407 equipment on and off can be a problem.

Sitting at the desk, I don't know how they do it. In addition to the airstrip, also a part of this \$.5 million contract, and it is a 3000 foot airstrip we are talking about, there will also be a replacement or repair of certain facilities that were damaged in the wave action in December.

There is also supposed to be some kind of an air support terminal. I think that is a pretty fancy term for what will probably simply be a place to be out of the weather while you are waiting for the plane.

Again, I am not really conversant with the details of that. I know the High Commissioner felt that the, that one important aspect of all this is that was developed through the joint efforts of the people of Kili, their Council and High Commissioner's Office and Interior, the territories.

He spent more time on the Marshalls and Enewetak and so forth than any other area.

Mr. MURTHA. How do you get around these different islands if you don't have an airport?

Mr. HIGH. You go by field ship. We have several assigned in the Marshall Islands.

Mr. MURTHA. How big a ship is it?

Mr. HIGH. I am not much on tonnage. It looks like a small freighter. It has passenger cabins, maybe three or four. Everything else is deck space.

Those ships at this point were in good shape. The problem 433 is the fuel and so forth to keep them moving.

Mr. MURTHA. When you are finished with this construction, will you have any rehabilitation money left, or does that use it all up?

Mr. HIGH. We had \$750,000 left in that account, and this is 500. So we will have a couple hundred thousand left, as I understand it.

But that is the idea. Other than that, the next step, then, would be some kind of a master plan, similar to what was done on Enewetak.

That is the next step. The Department is working on that now. Its scope has been basically prepared, but they still have to go into the master plan, ACE, what they need, how they are going to do it.

That is if this is going to be a place of some permanency.

Mr. MURTHA. When will the master plan be completed?

Mr. HIGH. I would have to defer to Mr. deYoung on that.

Mr. DEYOUNG. The master plan, as indicated, is in the

scoping stage. One of the problems has been, originally,

the people of Bikini requested that part of the master plan

be the possible use also of Eneu Island.

Since we have not as yet been able to determine whether

Eneu Island will be part of that master plan, we have been

delaying the actual implementation of preparing the master

457 plan until that particular segment is resolved.

This does not mean that the part of the master plan involving the permanent rehab of Kili Island, and a small island called Ejit, which is off of the Majuro in the main district center, will be held in abeyance.

But an overall master plan will not be complete until we know whether Eneu is going to be part of it or not part of it. It peculic wie of bree seeing

Because that actually will determine the number of houses, for example, you would put on Kili, and other facilities.

The chances are that Eneu would not be part of the true.

We hope to resolve this aspect shortly. As the acting
469 Aligh Commissioner indicated, the current fund, the
470 resettlement account, is nearing exhaustion. Agetting pretty
471 close to the end of it.

The Budget Officer of the Trust Territories does have some information. I believe, that could be useful in indicating what possible ongoing costs are needed, we would be needed in carrying out a master plan, and also the interim work that has to be done until we get a final Bikini resettlement program in operation.

Mr. MURTHA. Mr. deYoung, Public Law 96-205, passed March 12, 1980, requires the Secretary of Interior to submit a plan to Congress no later than January 1st of this year for medical care and treatment for people affected by nuclear

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Weapons testing.

483 Has that plan been submitted to Congress?

484 Mr. DEYOUNG. Yes, Mr. Chairman. A preliminary report 485 was submitted to Congress on January 7, 1981. and I do have an additional copy here just for the convenience of the 486 487 committee.

The report submitted to Congress was not a final plan, the reason being that Public Law 96-205, mandating the plan, had certain language over which there have been varied interpretations, and differences of opinion, and I may say very strong differences of opinion, between the individual peoples involved, their legal representatives, various Federal agencies, and the government of the Marshall Islands. sur

So what we presented to Congress on January 7 was [some] preliminary conclusions. The Department neither endorses nor rejects these at this time. They are not in any final form.

We do feel that the original legislation requires clarification. I can tell you very briefly what the preliminary proposals indicated. Because there are roughly anywhere from 2500 probably to 3000 people involved from the four named atolls, Not all living on the atolls today, but 505 Coming from the atolls many of those are scattered in other parts of the tolls Marihalli

30 <i>1</i> I	You may have more Rongelapese living away from Rongelap
508	Island than actually on it, the only exception being the
509	people of Enewetak that have been an integrated group and
510	have, in the main, lived together and stayed together.
511	ンないた・ This is not the case with the people of Enewotak
512	Rongelap, or the people of Bikini, in which there are 3- to
513	Hering 400 Bikinians away from Bikini Island at the present time. We have the
514	The contractor who drew up the health aspect of the
515	proposal drew one up which said it would be almost
516	impossible to divert special care for the entrepeople from the
517	overall care the Marshall Island Government Health Service
518	provides, because these people are all over the place.
519	they drew up a proposal in which health care would be
520	provided in essence for the Marshall Islands, but which wis
521	would cover the provisions of Public Law 96-205. The cost
522	estimate of that for the first year was \$11 million.
523	Mr. MURTHA. How are they going to do it?
524	Mr. DEYOUNG. It would be done by, essentially, upgrading
525	the current Marshall Island Government health system. Out
526	of that \$11 million, \$3 million would be provided by the
527	Marshall Island Government from *heir regular operating
528	budget.
529	There would have to be a supplement of \$8 million. If you really
530	did a similar-type upgrading program (for the people of the
531	four atolls named in the bill, regardless of where they

other words, not only on the four atolls, but all-533 over the Marshalls, which would necessitate American The The chalis. 534 doctors, a medical-type ship to go around the cost was 535 estimated at \$10.6 million, of which 3 million also would 536 come from the Marshall Island Government. proposale 537 In other words, those two/were fairly equal. 538 asked by some of the participants, what would it cost if you 539 provided special care only for the people living physically Nomica 540 on the four \atolls? 541 To do that \would need, again, \understand \understand \text{American} 542 physicians, a ship to take the medical teams around, 543 upgraded dispensaries. That cost was estimated at roughly 544 \$2.8 million a year, which would be completely subsidized by 545 the U.S. Government. this third proposal I would like to note, however, that that would provide 546 care only for a person that was physically living on one of 547 If you were a fallout victim living in 548 those four islands. arrangens, it, Majuro, under this thing, you wouldn't get any special 549 550 treatment. If you were a Bikinian living elsewhere, you wouldn't get 551 any special treatment, you would simply have to go to the 552 Majuro Hospital and get the treatment there. 553 How does the Interior Department intend to 554 Mr. MURTHA. make a decision, and when; and then when will you get the 555

appropriation request up to us?

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557 	Mr. DEYOUNG. All right. Since, as I indicated, there is
558	this widely divergent range of opinions, particularly
559	amongst the affected people themselves and their legal
560	representatives, and the Marshall Island Government, as well
561	as Federal entities, we are proposing to ask for
562	clarification of the language in this section of Public Law
563	96-205.
564	And We will be submitting some ideas for clarification

And we will be submitting some ideas for clarification within the next several months. Once that clarification is obtained from the Congress, and we know precisely what the Congress had in mind as to what should be covered, we then are prepared to redraft a suitable health care program within the parameters that are established more clearly.

And at that point, when that plan is agreed upon by the Department of Energy, would look at it from a funding point of view.

I would defer to the Department of Energy at this point, because the law at this time designates them as the funding entity.

Dr. WACHHOLZ. Dr. Burr.

Dr. BURR. If the law remains with the stipulation that the program is to be planned and managed by Interior, but funded by Department of Energy, which is a little unusual as to management--

Mr. MURTHA. Why is it set up that way?

582 That is something I can't answer, Mr. Dr. BURR. 583 Chairman. I really don't know the logic in setting the bill 584 up that way. But if it does remain that way, then, of 585 course, it would be the responsibility of the Department of 586 Energy to come forward with--587 Mr. MURTHA. What has the Department of Energy got to do 588 with this? I don't understand this. I understand what it 589 says, you are supposed to fund it. But why are you funding 590 it? 591 Dr. BURR. The only answer I can give you, Mr. Chairman, 592 is, that is the way the law reads. 593 The law says, for some reason or other, that the 594 Department of Energy would seek the money. 595 Dr. WACHHOLZ. Mr. Chairman, if I could just add a COMMENT 596 statement to that. The only amplification that I could offer is in some of the legislative history of the law 597 there is reference to the fact that this law is a follow-on 598 599 requirement to the U.S. nuclear weapons activity. Which was run by the Department of Energy.

THESE ACTIVITIES WERE CONDUCTED JTHE ATOMIC ENERGY 600 Mr. MURTHA. Sointly by the Department of Energy and 601 Dr. WACHHOLZ. THIS RESPONSIBILITY 602 Department of Defense. Assordingly, at has been allocated 603 to the Department of Energy, apparently. But that is the only suggestion I can offer. 604 It looks to me, Mr. deYoung, like you are 605 Mr. MURTHA. 606 talking about three months, you will have your proposal on

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607 health care.

Then you will have a clarification which will take several months. Then, of course, the funding apparatus will take some time.

What happens to the people in the meantime?

Mr. DEYOUNG. In the interim period, we will proceed as we have in the past. Medical monitoring of the fallowt people. Rongelap and Utirik, will continue.

If they need medical care directly related to the fallout, that will be provided by Department of Energy. If they need routine medical care, and that can be taken care of by the Marshall Island Health Service, they will be referred to the Marshall Island health program.

Mr. MURTHA. Which, according to the testimony yesterday, 621 is not in the best condition.

Mr. DEYOUNG. I think, Mr. Chairman--

Mr. MURTHA. They showed slides of the hospital.

Mr. DEYOUNG. I think, Mr. Chairman, the slides yesterday were from Palau. The Marshall Island health system, obviously, needs upgrading. The Marshall Island Delegation

627 is here. I would prefer that they speak to this issue 628 later.

Mr. MURTHA. How is Palau compared to the rest of the salau stands there? How is their facility compared to the others?

Mr. DEYOUNG. Palau's facility, at the present time, 632 other than the Marshalls, are the old 633 hospitals built 15 to 634 20 years ago. 635 Mr. MURTHA. What I am trying to do, though, is get a 636 picture. Is this the same; is this worse; or is this better than the other hospitals? 637 638 Mr. DEYOUNG. In Palau? 639 Mr. MURTHA. Yes. What I saw, how do you compare it with 640 the other hospitals? 641 Mr. HIGH. Mr. Chairman, I have been to all of them at 642 one time or another. In Ponape, we have a new hospital. 643 is a very good facility. The problem is maintenance. 644 told by an individual in the last 30 days that it is 645 starting to get dirty and going downhill. 646 This isn't really funding, just keeping it clean. 647 Nevertheless, the basic structure is good. Vaptan has a new hospital. In Palau, I have seen some construction there. 648 649 think it is an out-patient facility. The basic structure is poor and needs to be upgraded. 650 When you talk about a tin roof on a structure, that is not 651 necessarily bad. There are houses recently sold for 652 \$100,000 with tin roofs. But the hospital in Palau does 653 definitely have to be improved and upgraded. 654 The Marshalls Hospital is not a good situation. They have 655

a plan coming before the High Commissioner's Office now,

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657	OICC,	to go	with	a \$4	million	panel-ty	pe hos	pital
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- Mr. MURTHA. Are they worse then Palau or better?
- 659 Mr. HIGH. In the Marshalls? I would say they are
- 660 comparable. There are two of those areas that need
- 661 upgrading.
- The other in the trust territory that is bad is the Truk
- 663 Hospital.
- Mr. MURTHA. If you gentlemen would stay, but just leave
- 665 the table in case we run into any problems that we may have
- 666 to ask you about, then we will ask the Bikini Delegation to
- 667 come forward.
- 668 Mr. HIGH. Mr. Chairman, one last point on the Marshalls
- 669 Hospital. Mr. deYoung points out there is funding now
- 670 available, \$8 million available for the hospital in the
- 671 Marshalls.
- Their current plans I saw a month ago show 4.4 is what
- 673 they intend to spend on it. The question is whether it is
- 674 going to be temporary, or permanent.
- 675 Thank you.

576 Aednesday, May 13, 1981

677 THE BIKINI DELEGATION

678 WITHESSES

679 JONATHAN M. WEISGALL, COUNSEL TO THE PEOPLE OF BIKINI;

680 TOMAKI JUDA, MAGISTRATE OF THE KILI/BIKINI COUNCIL;

681 NATHAN NOTE, COUNCIL SCRIBE;

682 JOHNNY JOHNSON, COUNCIL TREASURER;

683 SENATOR HENCHI BALOS, ELECTED REPRESENTATIVE OF THE PEOPLE

684 OF BIKINI TO THE MARSHALL ISLANDS LEGISLATURE; AND

685 JAMES HAMILTON, ESQ.

686 Mr. WEISGALL. Thank you.

687 Mr. MURTHA. Mr. Weisgall, as I understand it, you are the attorney representing them.

If you will introduce the other gentlemen at the table. I undersiand you also have a statement, is that accurate?

Mr. WEISGALL. That is correct, Mr. Chairman. The Bikini Delegation, just going from one end of the table to the other, at the far end is Nathan Note, who is the scribe of the Bikini Council.

Next to him is Mr. Johnson, the treasurer of the Bikini Council. In the middle is Tomaki Juda, who is the magistrate of the Bikinians.

To my immediate right is Senator Henchi Balos, who is the elected representative of the people of Bikini to the Marshall Islands Legislature.

And to my left is my colleague, James Hamilton. We are cocounsel for the people of Bikini.

Senator Balos would like to make a brief introductory remark. Then I would like to proceed with some prepared remarks.

Mr. MURTHA. Proceed, Senator.

Senator BALOS. Thank you, Mr. Chairman. It is a great honor for the leaders of the people of Bikini to appear before your committee today on behalf of all the Bikini people.

711 Mr. Chairman, I am pleased to introduce to you the new 712 committee, our legal advisers, who have been introduced by 713 Mr. Weisgall. Mr. James Hamilton, Mr. John Weisgall.

Mr. Weisgall has been our legal counsel for the past six years. He has visited us on the island a number of times.

With your permission, Mr. Chairman, I would like, on behalf of my colleagues, to ask Mr. Weisgall to make a statement on our behalf.

719 Thank you.

720 Mr. MURTHA. Thank you, Senator.

721 Mr. Weisgall.

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722 Mr. WEISGALL. During the past year, Mr. Chairman, I have 723 met regularly with the Bikini Council and members of the 724 Bikini community on Kili, and elsewhere, to review 725 resettlement questions.

I guess I have been to Kili three times in the last 12 months. The community is somewhat dispersed, as you heard earlier this morning.

Of the approximately 1000 Bikinians, the majority, about 550 or so, live on Kili, another, oh, 250 or so, live on Majuro Atoll, a number of them living on Ejit Island in Majuro.

733 The remainder are scattered throughout the Marshall 734 Islands.

735 One has a strong sense of deja vu in appearing before this

736 subcommittee, which has actively followed the Bikini737 situation since 1978.

Many of the same questions raised in 1978, and again in 1979 and 1980, remain unanswered today. In 1978, when the people living on Bikini Island were again moved off following disclosure that their body burdens of radioactive cesium-137 greatly exceeded Federal standards, the United States and Trust Territory Governments presented a document to the Bikinians stating that ''Some of the Bikini people will choose to remain on Kili indefinitely, and the governments will accordingly undertake a program for the permanent rehabilitation of Kili.''

In 1980, I outlined the details of a comprehensive rehabilitation program for Kili in testimony before this subcommittee. Yet little action has been taken in the last three years to improve the plight of the Bikinians.

Immediate action to upgrade Kili and Ejit is urgently needed, since the United States has declared that Bikini Atoll is off-limits for resettlement for 20 to 60 years.

In May 1979, the Department of Energy wrote to the Interior Department concerning radiological conditions on Eneu. DOE stated that the degree of uncertainty in estimating long-term radiation doses on Eneu was similar to the problems found on Enewetak Atoll.

Based on these uncertainties, an Environmental Impact

Statement prepared for the resettlement of Enewetak had recommended a tightening of applicable U.S. radiation guidelines from 500 millirem per year to 250 millirem.

Applying the Enewetak criteria to Enew, DOE concluded that "'Even with imported food, the radiation doses to the people on Enew could not be expected to be in compliance with the Enewetak criteria for about 20-25 years."

Even with the stringent conditions being met, the dose predictions for Eneu would exceed the 250 millirem standard which had been adopted by the U.S. Government for Eneu.

Some of the numbers are below 500, but every dose estimate we have seen and is contained in the DOE booklet prepared for the Bikinians, does have a predicted dose over 250 millirem, even with these very stringent requirements being imposed.

Based on this information which was first presented in preliminary form in May of '79, two years ago, the Department of Interior promptly informed the Bikinians, Congress and the High Commissioner of the Trust Territory that Eneu could no longer be considered as a resettlement site for the Bikinians.

By letter dated June 1, 1979, DOI wrote to the Bikini leaders, stating:

''All of us here deeply regret that Eneu Island cannot be used for residence for at least another 20-25 years, since

we understand the deep feelings of the people of Bikini and their hopes, that even though Bikini Island is not usable now, Eneu Island possibly might have been. This is not now possible.''

Similarly, in a report submitted to Congress one month later, pursuant to Public Law 95-348, DOI stated that there was ''no question that the Island of Eneu must be placed off limits as a place of residence for the Bikini people for at least another 20-25 years.''

Despite the United States' formal announcement in 1979 that Eneu Island could not be resettled for at least another 20-25 years, certain U.S. officials have inaccurately held out the hope that parts of Bikini Atoll can be resettled soon.

For example, during a two-day dose assessment meeting held on Kili on October 8-9, 1980, called at the request of the people of Bikini to receive information from the U.S. Government regarding the radiological safety of Bikini Atoll, the United States failed orally or in writing to inform the Bikinians that their homeland could not be resettled for many years.

To the contrary, a member of the DOE team at the dose assessment meeting stated unequivocally to the Bininians that he would not hesitate to live on Eneu with his family.

A bilingual booklet, given to you earlier this morning,

prepared by DOE, discussed only the application of the discarded 500 millirem standard.

No mention was made of the 250 million standard adopted by the United States for evaluating living conditions on Bikini or Eneu, and no one pointed out that all of the booklet's predicted levels of exposure for Bikini and Eneu unacceptably exceeded the 250 millirem standard adopted by the U.S. Government.

At the meeting, one of the Bikini leaders, who was rather surprised at DOE's latest switch on Eneu, asked what had happened in the 15 months since the June 1, 1979 U.S. Government's letter to the Bikinians to change the statement in that letter that Eneu could not be resettled.

The DOE spokesman replied that he was not aware of any such letter or position by the United States.

This assessment was not disputed by the other six DOE officials and scientists, led by an acting Deputy Assistant Secretary, and the three DOI officials, led by a Deputy Assistant Secretary, who attended the dose assessment meeting.

Mr. MURTHA. What was the date?

Mr. WEISGALL. The date of the dose assessment letter was October 9, 1980. These kinds of actions and statements by the United States are extremely counterproductive, to say the least. They are wholly at odds with official U.S.

336 policy on Bikini and Eneu.

They sadly raised false hopes among the Bikinians.

838 Moreover—and perhaps most unfortunately—such views may have

839 provided a reason for the failure of the United States to

840 make Kili a permanent home for the Bikinians.

One depends on the other. Until a final decision is reached on Bikini and Eneu, it is difficult to go ahead with a decision.

I have said this for two years. The true facts must be recognized and dealt with. The official U.S. position regarding resettlement of Bikini and Eneu has not changed since June 1, 1979. Bikini is off limits for at least 30 to 60 years, and Eneu is off limits for at least 20-25 years.

The United States has stated for several years that the Bikinians cannot return to their homeland. Nevertheless, it has failed--until the last two weeks--to take any action to make the Bikinians' ''temporary'' home on Kili a more permanent one.

Mearly three years ago, in testimony before this subcommittee, Magistrate Juda referred to his people as ''victims of bureaucratic incompetence.''

That assessment still applies today. It led the Bikinians to bring a lawsuit six years ago to force the United States to conduct a thorough radiological survey of Bikini before continuing with the resettlement of the atoll.

861 Mi. MURTHA. Let me understand what you are saying. They 362 did an initial assessment. Then after they were forced to 863 do an additional detailed assessment, they found the higher levels of radiation, is that accurate? 864 865 Mr. WEISGALL. That is correct. 866 Mr. MURTHA. If it hadn't been for the lawsuit, they 867 would not have found these higher levels of radiation, is 868 that accurate? 869 Mr. WEISGALL. Well, there were signs before the lawsuit 870 was brought that there were problems. That was why the 871 lawsuit was brought. 872 Mr. MURTHA. The question is, the government acted in 873 response to the lawsuit, not on their own initiative. 874 Is that what you are saying? 875 Mr. WEISGALL. That is generally correct. There were trouble signs early on, but the resettlement was continued. 876 877 That was held in limbo for a three- or four-month period. Then the lawsuit was brought, which said in essence, don't 878 879 continue with the resettlement of Bikini until you conduct a thorough comprehensive radiological survey to see if it was 880 881 safe. 882 Mr. MURTHA. Was there a decision in the lawsuit? Pursuant to the settlement in the lawsuit, 883 Mr. WEISGALL. the thorough radiological survey was conducted. That showed 884 885 it was not safe and resettlement was stopped.

This assessment also compelled the people to bring a lawsuit two months ago seeking just compensation from the United States for the taking and destruction of Bikini Atoll and damages for breaches of fiduciary obligations owed to the Bikinians by the United States. This is a lawsuit born of frustrations.

It is a last resort to force the United States to give the Bikinians what is justly due them. The lawsuit will be prosecuted vigorously, but it is not an excuse for Congress to avoid its responsibility to appropriate funds necessary for the current well-being of the people.

Mr. MURTHA. How much money are you talking about here?

Mr. WEISGALL. The lawsuit seeks damages and just

compensation from the United States of a total of \$450

million. That is limited to the destruction and taking of

Bikini Atoll.

It is not related to any current obligations of the United States to continue caring for the Bikinians in a Kili rehabilitation project.

Two weeks ago, as you heard earlier, the High Commissioner awarded a contract to a private company in Guam to construct a 3000-foot coral airstrip on Kili. This airstrip, when completed, will help make Kili more accessible, end the island's isolation and aid the people in case of food shortages or medical emergencies.

However, the funding of this airstrip and the construction of classrooms that were destroyed in a storm last December will virtually deplete the Bikini Resettlement
Rehabilitation Account established in 1978 pursuant to
Public Law 95-348 for the resettlement and relocation of the Bikini people.

This fund must be replenished as soon as possible in order

This fund must be replenished as soon as possible in order to carry out other Bikini projects that are long overdue.

Among these projects, and you have heard of some of them already from the Interior witnesses, but among them are the preparation of a master plan for the rehabilitation of Kili and Ejit. Some preliminary scoping work has been completed, but a final master plan should be prepared.

Implementation of the master plan, with the construction of housing and community facilities that will be more than temporary in nature.

Continuation of food support for Kili. The present food program provides USDA food as a diet supplement. This USDA food is not meant to--and, in fact, does not constitute--provide a balanced and nutritious diet for the Bikinians.

Section 601(b) of Public Law 96-597, signed into law just last December, authorizes the Secretary of the Interior to provide for the ''purchase of food'' and ''for the transportation of such food'' for the people of Bikini.

The High Commissioner's office should devise and implement

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936 a balanced and nutritious food program for the Bikinians living on Kili and Ejit.

The food program currently supporting the people of Enewetak Atoll could serve as a model for the Kili-Ejit program, and it may be cost-efficient to coordinate the planning of this program with the one recently implemented at Enewetak.

Improvements in the Kili airstrip. The limited funds available for Bikini permit only the construction of a simple 3000-foot coral strip and for the clearing of trees for 1000 feet on either end of the airstrip.

The Bikinians feel that the strip should be lengthened to 5000 feet in order to accommodate certain types of aircraft that may be needed in an emergency.

In addition, improving the surface of this rudimentary airstrip may be necessary in order to ensure continued safe access to Kili. Lastly, some compensation may be in order for those who are particularly injured by the placement of the airstrip.

Funding an independent scientific assessment of DOE's radiological survey of Bikini. You have heard a little bit about this earlier this morning. Pursuant to an agreement settling the litigation initiated by the Bikinians in 1975, the United States agreed to conduct a thorough radiological survey of the atoll and agreed that the people of Bikini may

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1010 Mr. WEISGALL. Mr. Chairman, the United States has a 1011 special obligation to the people of Bikini. It committed an 1012 injustice to the Bikinians when it moved them off their 1013 atoll in 1946 without just compensation and without caring 1014 for them. 1015 No such action would be sanctioned today. But for the United States to fail to come to grips with this problem 1016 1017 after 35 years is to continue that injustice. This must 1018 stop. 1019 Thank you very much. 1020 Mr. MURTHA. Thank you, very much, Mr. Weisgall. Thank 1021 you, Senator, and gentlemen. 1022 We will have the Delegation from Enewetak. Is Mr. deYoung still here? I would like a reply from the 1023 1024 Department of Interior and Department of Energy about the confusion which now exists, and what was said by the 1025 1026 delegation in their meeting. It is clear to me the Government's position. It is not 1027 clear to me what the delegation said when they were there, 1028 1029 and I would like that confusion to be cleared up for the 1030 record. 1031 Mr. DEYOUNG. Yes, we will provide that for the record. 1032 [The information follows:]

******* COMMITTEE INSERT *******

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1035	Wednesday, May 13, 1981
1036	DELEGATION FOR ENEWETAK
1037	WITHESSES
1038	HERTES JOHN, MAGISTRATE;
1039	BINTON ABRAHAM, IROIJ RI ENJEBI;
1040	NAPATALY PETER, REPRESENTING IROIJ JOHANNES PETER;
1041	SAM LEVY, SECRETARY;
1042	THEODORE R. MITCHELL, COUNSEL TO ENEWETAK PEOPLE;
1043	JOHN SILK, COUNSEL TO ENEWETAK PEOPLE AND INTERPRETOR;
1044	DR. A. BERTRAND BRILL, CONSULTANT TO ENEWETAK PEOPLE;
1045	DR. MICHAEL A. BENDER, CONSULTANT TO ENEWETAK PEOPLE; AND

1046 DR. ROBERT L. BERGMAN, CONSULTANT TO ENEWETAK PEOPLE

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******* INSERT 1b-1 ******

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Mr. MURTHA. Now, Mr. Mitchell, as I understand, is the 1047 1048 counsel. 1049 Mr. MITCHELL. Yes, sir. 1050 Mr. MURTHA. Mr. Mitchell, you have 20 minutes for a 1051 presentation. If you will introduce your colleagues, and 1052 then we will proceed. We have two statements. Both of those statements will 1053 1054 appear for the record. 1055 [The statements of Theodore R. Mitchell and Robert L. 1056 Bergman follow: } 1057

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1059 Mr. MITCHELL. Thank you. To my right is John Silk, who 1060 will serve as translator.

To his right is Hertes John, Magistrate. To his right is 1062 Napataly Peter, a substitute for his father, who is too aged to make the trip this time.

1064 Binton Abraham, and next to him is Sam Levi, Secretary to 1065 the Counsel.

Mr. MURTHA. We have your statement for the record, Mr. 1067 Mitchell. We know this is a very difficult problem, but 1068 hope you can handle it in 20 minutes.

Mr. MITCHELL. We will certainly try. The Magistrate would like to make a brief opening statement, translated by 1071 Mr. Silk.

Mr. JOHN. (through interpreter) Mr. Chairman, it is a great pleasure to appear before you and this committee. I 1074 have only a few comments to make at this time.

I would like to extend our greetings to you and members of 1076 the committee.

Mr. Chairman, I want to thank you and the members of this 1078 committee for the funds which were appropriated last year 1079 for a boat for the use of the people of Enewetak, and also for the funds that were also appropriated for the 1081 supplemental food program.

There are, however, a few things which still need to be 1083 accomplished, and we would like to ask the assistance of

1084 this committee.

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One of these things is the return of the people of Enjebi to Enjebi Island. We would like to renew our request for 1087 your committee's help to rebuild the necessary houses and plan the Island.

Another matter of importance to us is the radiation health program intended for the islands affected by the nuclear testing program.

We ask your assistance in encouraging the Department of Interior to complete the plan. That, too, also needs funding.

Mr. Chairman, in order to facilitate our presentation, we have asked our lawyer, Mr. Mitchell, and our doctors to 1097 speak on our behalf. Before I give these gentlemen the balance of the time allotted for our presentation, I would like to make a general statement about the desires of the people of Enewetak:

As you are aware, Mr. Chairman, the Atoll of Enewetak has contributed substantially to the nuclear capability of this country. As a result, millions of people in this country have benefited from the use of Enewetak.

Today, the people of this country can be confident that they have a strong military defense system to defend their country and their homes.

Enewetak, a small dot on the world globe, made a large

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part of this possible. Today we, the people of Enewetak, 1109 1110 ask the greatest and most powerful country on the face of 11111 the earth to extend a helping hand to the 678 people of 1112 Enewetak.

Mr. Chairman, there is a special relationship between the Government of the United States and people of Enewetak. We 1115 did not initiate this relationship, nor were we given a 1116 choice. But the fact is, if it is there, it exists.

This is all I have to say, Mr. Chairman. Thank you and the members of this committee on behalf of the people of Enewetak. Thank you.

Mr. MURTHA. Because of my time constraints, we are going to adjourn until 1:00 o'clock, then let you come back at 1:00 o'clock and make your additional comments.

I would ask, Mr. deYoung, for you to bring your delegation 1124 back at 1:00 o'clock, also, in case you are needed.

Mr. MITCHELL. Mr. Chairman, I think it would be helpful if we had the same DOE people back.

Mr. MURTHA. He is going to bring DOE and Interior back. The committee will now adjourn until 1:00 p.m. Thank you. (Whereupon, at 11:20 a.m., the subcommittee recessed, to 1130 reconvene at 1:00 p.m., the same day.)

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1132 1:30 p.m.

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1133 AFTERNOON SESSION

1134 Mr. YATES. Sorry I couldn't be here this morning. I had 1135 some important business in another Appropriations

1136 subcommittee, and I had to interrogate a witness there.

Mr. Mitchell.

Mr. MITCHELL. Thank you very much. It is a pleasure to 1139 have you chairing the meeting this afternoon. We coverfed the preliminary matters rather well this morning with Mr. 1141 Murtha.

The elderly gentleman who was with us last year, Mr. 1143 Peter, was not able to make the trip again. In his place is 1144 his son, Nepataly Peter. Some of the other faces here are 1145 familiar to you, I am sure. Hertes John, the Magistrate; 1146 Binton Abraham, from the northern part of the atoll, Enjebi 1147 Iroij; and Sam Levi is the Secretary.

Mr. YATES. We welcome them all.

Mr. MITCHELL. To my left we have three doctors, three 1150 different types. Dr. Brill is our advisor with respect to cancer, somatic effects of radiation. Dr. Bender is a 1152 geneticist knowledgeable about the genetic effects of 1153 radiation. Dr. Berman, to my immediate left, is a 1154 psychiatrist. He will bring to yo some new information 1155 which hasn't been presented before.

1156 Mr. YATES. I undestand their statements are all part of
1157 the record, too.
1158 [The information follows:]
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1160 ******** INSERT 2-1 ********

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- 1161 Mr. MITCHELL. That is right.
- 1162 Mr. YATES. You may proceed.
- 1163 Mr. MITCHELL. There are two issues that I, given our
- 1164 limited time, I think we ought to focus on. That is Enjebi,
- 1165 resettlement of that particular island within the atoll.
- 1166 Then, if we may, if there is sufficient time, the radiation
- 1167 health program, which was authorized a year ago, and still
- 1168 is yet to be planned and budget put together, even though
- 1169 the Department of the Interior is bringing you a report of
- 1170 January 1 this year.
- 1171 Mr. YATES. Is Interior here?
- 1172 Mr. MITCHELL. They are here.
- 1173 Mr. YATES. What happened to the report we were to receive
- 1174 earlier this year?
- 1175 Mr. DEYOUNG. A preliminary report was supplied on January
- 1176 7, 1981. It set forth some of the difficulties we had
- 1177 experienced in preparing the final plan. Clarification is
- 1178 being sought and a final proposal will be forthcoming in
- 1179 time.
- 1180 Mr. YATES. In time means what time?
- 1181 Mr. DEYOUNG. Within the net six months, perhaps.
- 1182 Mr. YATES. Did we have a hearing on what the preliminary
- 1183 plan indicated?
- 1184 Mr. DEYOUNG. Not as yet.
- 1185 Mr. YATES, Go ahead, Mr. Mitchell.

Mr. MITCHELL. I will be happy to come back to that in due course. It seems to us—and what I will try to do here is just lay a general background for comments from the experts, and to enable you to more skillfully cross examine—it seems to us that the Enewetak cleanup and rehabilitation program, in large part, is a great success story. It is, I think on the part of nearly everyone involved, from the Enewetak people, to the Department of Defense, even the Department of Energy and in many ways, the Department of the Interior as well, although we are rather critical of them.

I think that with respect to the precise question of the resettlement of Enjebi, which is the largest part of the unfinished business before us, we have approached that question in the most reasonable and prudent fashion so s to make an informed choice, an informed decision.

Just to outline in the briefest possible way what we have done, starting with the cleanup program, which was part and parcel of the cleanup program was a continual radiological assessment of what was being done and what should be done next.

Once the cleanup was finished, there was another radiological survey. Soil measurements, in particular at Enjebi. Once the plutionium problem was solved so the soil concentrations of plutionium were at or below 40 microcuries per gram, it then became a question of what will the radio

1211 nuclids do in the food chain?

doesn't mean very much to us.

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Following the soil measurements that were made after the cleanup was finished, we then called upon the Department of Energy, through the Lawrence Livermore Laboratory in California, to do an updated dose assessment. They have done that, and you have before you, presented earlier this morning, a final dose assessment which, standing alone,

Its conclusion is a number, a predicted radiation dose which is based upon the soil measurements, the diet to be observed by the people, and the way they intend to live upon that island. Now that has been done.

The next reasonable and logical step--well it looks like 1224 that.

Dr. BENDER. This is the document?

Mr. MITCHELL. Bruce, was the final dose assessment 1227 provided this morning? I assumed that it was.

THE COMMITTEE RECEIVED COPIES OF THE FINAL ENEWETAK 1228 Dr. WACHHOLZ. You were presented this morning, DOSE MSSESSMENT

1229 Mr. YATES. That was a different one.

Mr. MITCHELL. Basically the dose assessment is straightforward, although extremely complicated and involving a lot of calculations.

1233 Mr. YATES. Do you have notes on this?

1234 Dr. BENDER. No.

1235 Mr. YATES. All right, thank you.

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Mr. MITCHELL. It is a matter of taking all the soil 1236 1237 measurements, measurements of the radio nuclids on the 1238 island, putting that together with what people intend to 1239 eat, then calculating what the dose will be. That is what 1240 we have done here. The prediction of the dosage is 1241 expressed in MIL/REM. We give those numbers to Dr. Bender and Dr. Brill and ask them, what do they mean? 1242

Last ar, we provided you a copy of their report, this blue covered document. Since that report was completed, the dose assessment, the final doce assessment has been done. So we have asked Dr. Brill and Dr. Bender, to revise their report. You have before you their statements, which does that. What 1248 we would like to do, in due course, is have both Dr. Brill and Dr. Bender comment briefly upon their interpretation of 1250 the dose as it how stands.

Then finally, once the dose, the predicted dose is interpreted in terms of health effects, an increase in the risk of cancer, an increase in the risk of genetic effects, once we have that interpretation from Dr. Bender and Dr. Brill, the people then are in a position to evaluate that increased risk in terms of everything else that is important to them -- the value of their land,, the value of reestablishing the community at Enjebi, which to them, is of vital importance.

We brought Dr. Bergman along because we asked him sometime

ago, to take a look at all of this, and tell us from the
perspective of a behavioral scientist, what effect it may
have upon he people to keep them away from Enjebi. His
evaluation has been provided to you as a written report for
the record, and we would like him to have the opportunity to
speak briefly to that question. There are potential ill
effects from keeping people away from Enjebi.

Mr. YATES. No ill effects from keeping the people away?

Mr. MITCHELL. There are. There are potential ill

effects, health effects in keeping them away.

Mr. YATES. In other words, they want to go home?

Mr. MITCHELL. That si right. They want very badly to go home. They feel very badly, as long as they cannot.

Mr. YATES. We read the report submitted by Drs. Bender and Brill. The conclusion says, after stating premises:

"We have reexamined our earlier Enewetak health effects estimates in light of the more recent dose and cancer risk coefficient estimates. We find the risk is still small. We note that our revised estimates remain in remarkably good agreement with those provided by DOE. We still conclude it is entirely possible that the radiation exposures of the Enewetak people, resulting from return of the dry Enewetak to the southern Islands, and the dry Enjebi to their home, will never result in even a single case of disease among either the returning population."

1286 You mean or their descendants rather than of their 1287 descentants?

- 1288 Dr. BENDER. There are several typos.
- 1289 Mr. YATES. That is a typo, isn't it? Or their 1290 descendants.

1291 Mr. MITCHELL. It may be helpful, since the numbers--we 1292 might as well deal with this quite openly--the numbers in this dose assessment you now have before you, the final dose 1293 1294 assessments are somewhat higher than the ones contained in 1295 the preliminary dose assessment that formed the basis of the 1296 earlier estimates made by Dr. Bender and Dr. Brill.

Mr. YATES. But they concluded nevertheless that, even though they are higher, they nevertheless are small, and therefore, should not affect them. Is that a correct conclusion?

- 1301 Dr. BERGMAN. That is correct.
- 1302 Dr. BENDER. Yes sir.

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Mr. YATES. What about the rate of increase? You 1303 indicated that on the basis of the two studies, the later 1304 study showed a higher incidence, if I understood what Mr. 1305 Mitchell is saying. If that is true, is there a rate that 1306 might affect them if they return? 1307

Dr. BENDER. No. The dose assessments have been revised, generally upwards. In the order of 20 percent. 1309 general way the effects about whih we are concerned are a 1310

1311 linear function of accumulated doses, say 30 years or 50 1312 percent. So it is inevitable that the health effects 1313 estimate matter will increase as dose increases. That does 1314 not mean that the risk per unit dose is any different, nor 1315 that there will be greater risks in future years as a result 1316 of some accumulations of doses. We have accounted for that. 1317

In fact, the risk later on, after about eight years in the case of Enjebi, whether we start having locally grown coconuts and things available, will start to decline.

Mr. YATES. Really?

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Dr. BENDER. And the risks will decline with each 1322 succeeding generation, generally.

Mr. YATES. The soil is clear then, and coconuts grown on 1324 that land will not have the same effects as the coconuts-where was that? Bikini, yes. Are you familiar with Bikini?

Dr. BENDER. Yes, to an extent.

Mr. YATES. Yes, well we took them off the Bikinis because 1328 they were eating the coconuts. I guess they had a higher incidence of possible cancer producing agents than is present at Enewetak or Enjebi.

Dr. BENDER. The Bikini people, as I understand the 1332 situation, some of them were moved back,, and did indeed eat 1333 a lot of coconuts, and were found indeed to have higher body 1334 burdens than had been anticipated, when it was anticipated 1335 they would not be eating so many coconuts.

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1336 The present final reassessment of potential radiological 1337 doses for Enewetak is based on several things. It is based 1338 on soil radio nuclid measurements. It is based on knowledge 1339 about the uptake of those radio nuclids from the soil into 1340 things like coconuts. And it is based on the diet that we 1341 believe the people of Enewetak will follow. It is given in 1342 fact in terms of availability to outside foods and 1343 nonavailability of outside foods. So these factors are 1344 taken care of in the dose assessment here, I believe. 1345 Mr. YATES. What would be the requirement for outside foods? Will they have to be----1346 1347 Mr. MITCHELL. The preferred diet of the Enewetak people---1348 Mr. YATES. Is it indigenous, or will it have to be 1349 imported? Mr. MITCHELL. As it now stands, based on a survey taken a 1350 1351 little while back, the dietary survey, the figures in this dose assessment, they prefer to eat 60 percent imported 1352 1353 foods, 40 percent local. Mr. YATES. What food will they have locally? 1354 Mr. MITCHELL. Coconut, bread fruit, bananas. Taro is not 1355 available. The islands just won't sustain them. 1356 Dr. BENDER. Pork, chicken, seafood. 1357 Mr. YATES. They have that. Small farms? 1358 Mr. MITCHELL. Well, pigs and chickens, back yard farming. 1359

Mr. YATES. What did they do before the bombs, and before

- 1361 the war, as far as their food?
- 1362 Mr. MITCHELL. Before the war the islands were in much
- 1363 better shape.
- 1364 Mr. YATES. I am sure they were, but what did they eat?
- 1365 Mr. MITCHELL. The same thing.
- 1366 Mr. YATES. They didn't import did they?
- 1367 Mr. MITCHELL. Hertos John will be the expert witness on
- 1368 that.
- 1369 Mr. SILK. Before war, what kind of diet did they observe?
- 1370 (Mr. Silk is interpreting for Hertes John)
- 1371 Mr. SILK. Before the war, we used to eat pork, chickens.
- 1372 Mr. YATES. The same thing they eat now?
- 1373 Mr. SILK. Fish, taro, banana, bread fruit, lime. Those
- 1374 are the things----
- 1375 Mr. YATES. Are those still present on Enewetak?
- 1376 Mr. SILK. No.
- 1377 Mr. YATES. They are not?
- Dr. BENDER. But they will be. They have been planted on
- 1379 Enewetak and other islands. They have not yet, I believe,
- 1380 be replanted on Enjebi.
- 1381 Mr. MITCHELL. I was at Enewetak the middle of the month.
- 1382 The houses are beautiful. The coconut trees are about knee
- 1383 high. Bread fruit trees, most of them were blown away in a
- 1384 storm a few weeks ago. It looks like a newly completed
- 1385 housing project in Scottsdale, Arizona. It is desolated.

The long ranging agricultural program, which is a matter
before you as part of the Administration request, is
something that is a very, rather prosaic, but vital part of
the follow-on, is also something we support. But this kind
of thing, as I implied in the question is what really is
needed to restore Enewetak to its original conditions so it
cold support the people at a reasonable standard of living.

1393 Mr. MURTHA. Will they ever become self-sufficient in 1394 food?

Mr. YATES. As they were before?

Mr. MITCHELL. They will always probably need to import some food. But self-sufficiency for that atoll, development of an economy for that atoll, is the prime objective of these people now.

We have been talking to the Solar Power Corporation, a subsidiary of Exxon to develop a solar power program for the island. We are tapping all the businessmen we know or can find to put together a kind of round table to begin coming up with ideas for exploitation of the marine resources. The boat which you appropriated last year will help in that regard. Ultimately, this will be the test of whether the whole effort is successful.

Mr. YATES. Maybe you ought to ask the psychiatrist whether that is good or bad.

Is it good?

1411 Go ahead, Mr. Murtha.

1412 Mr. MURTHA. How many more people today, than say before 1413 the war?

Mr. MITCHELL. Just before Christmas, 1947, when they were 136. Now we need a current census. We have been using the number 550, but Hertes, the Magistrate, tells me he thinks it is about 770. It has been a while since there was an accurate census.

Mr. YATES. So you have got an island now that once supported 136 people, now it will be required to support over 600?

1422 Mr. MITCHELL. The tastes of the people have changed, too.

1423 Even in those remote islands.

Mr. YATES. Now they want television?

Mr. MITCHELL. Well, I haven't heard that yet. But they want outboard motors so they can go chase the tuna.

Mr. YATES. The reason I asked Dr. Bergman the question was, I had seen a television program, and of course Margaret Mead's anthropological studies always raised the questions about the return to the homes, and what impact of western culture is likely to bring upon them. They will be going home to their islands, we hope. Will the advent and introduction of private enterprise change their culture to the extent where they no longer have the same kind of cultural relationships they had before?

Dr. BENDER. I think the crucial think about social change 1436 1437 is how it occurs. Particularly whether it is something that 1438 comes from within the culture, as evolutionary change, 1439 something that makes sense to them and that they want, or 1440 whethe it comes as a big shock. There is evidence that 1441 cultural change among any of us has certian effects on 1442 health. There is a lot of evidence also that forced 1443 cultural change and destruction of the culture has much more 1444 severe health effects.

1445 Mr. YATES. Do they want the introduction of Mr. 1446 Mitchell's clients, like Exxon?

1447 Mr. MITCHELL. Exxon is not my client. We are trying to 1448 exploit them.

Mr. YATES. Allright, exploitees, then.

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Mr. MITCHELL. It is imperative that whatever business or 1451 economic enterprises are developed, are developed with the full participation, and ultimately, based upon the decisions of the people themselves. We are not looking for businessmen driven by a profit incentive as much as we are 1455 altruism.

Mr. YATES. I know that. But altruism soemtimes had deleterious effects.

Mr. MITCHELL. It could indeed. We are acutely aware of that.

1460 Mr. YATES. Right. They go home--I don't remember, I structure will be like when they get home. Do they have

community ownership of the property again? How do they

allocate the resources of the community? How does each one

receive a proportion? Have they agreed to this kind of an

approach yet? Will they go back to their ancestral holding

and cultures, or how will it take place?

Mr. MITCHELL. I can assister that in part. And all of the people—there are now 100 people who have returned to Ujelang. But every; body has resettled to Enewetak, the southern islands of the atoll. Enjebi is yet to be decided. Everybody decided to go back on an experimental basis to see whether they could survive and function there, starting about last September, late last fall. All but 100 are still living there now on the islands of Enewetak, Majuro and Enjebi.

During the planning for the rehabilitation program, the planning council selected by the people themselves went back, actually marched up and down the islands and reestablished all the traditional parcels—latos—out to the lagoon and sea. All those were reestablished. The land rights associated therewith were in fact reestablished through that process.

Mr. YATES. Without complaint from anybody?

Mr. MITCHELL. There were differences. At times there

NAME:	HAP133080 PAGE 64
1486	were sharp differences. They have all been settled amicably
1487	among the group itself. They were left entirely to do that
1488	sort of thing. I wasn't involved. We didn't let anybody
1489	else be involved, we left them alone to do it themselves.
1490	In terms ofthese people have been isolated all these years.
1491	Mr. YATES. Answer my question. What happens to the
1492	products of the soil here, or to the food?
1493	Mr. MITCHELL. I think we better turn to Hertos John for
1494	that.
1495	Mr. YATES. Hertos, what happens now? Suppose you go
1496	back, suppose they go back to the islands. How do they
1497	distribute all of the food, how do they distribue the land,
1498	how do they distribute the leadership, the ownership? Tell
1499	us about the culture.
1500	Mr. SILK. Before we return, we have a planning council
1501	committeeto take care of that. We try to work it out as
1502	best we could, try to redistribute the lands according to
1503	what we know before we left Enewetak.
1504	Mr. YATES. The lands have been taken care of. What about
1505	distribution of food.
1506	Mr. SILK. Distribution of food is notwe haven't decided
1507	on that.

Mr. YATES. I know, but if you go back, there are going to be imports of food that hasn't been grown. You now have over 500 or 600 people, where previously you had 136. The

1511 land was distributed on the original 136, or was it

- 1512 distributed to the 500 and some? How was the land
- 1513 distributed?
- 1514 Mr. SILK. We are distributing the land according to the
- 1515 lineage system.
- 1516 Mr. YATES. I don't know what that means.
- 1517 Mr. SILK. It means according to your family, coming from
- 1518 your mother's side.
- 1519 Mr. YATES. Do the descendants of the mother's own the
- 1520 land now?
- 1521 Mr. SILK. The land is decided two ways. You get your
- 1522 land rights from your mother's and also from your father's.
- Mr. YATES. That is kind of a double lineage system, then.
- 1524 But the thing I am wondering about is, is there an overflow
- 1525 of people here who don't own anything?
- 1526 Mr. SILK. No, they will still have land.
- Mr. YATES. I don't understand that. Unless all the land-
- 1528
- 1529 Mr. MITCHELL. Can you just explain based on what you
- 1530 understand? John Silk is with our office in Majuro and also
- 1531 served as translater. I think he may be able to provide the
- 1532 answer. What increasing population, how do they continue to
- 1533 allocate land so everybody gets some, that is the question.
- 1534 Mr. YATES. If they do, if in fact they do, because what
- 1535 happens to the product of the soil? Presumably if he owns a

plot of land and plants his food there, how does the person who doesn't own land get fed?

Mr. SILK. To answer the question, according to what I to the state of the state of

Mr. YATES. They all have a land right?

1542 Mr. SILK. All the families have a land right.

Mr. YATES. Some own more land than others?

Mr. SILK. That could be true, yes. But there is no one person that you can say owns a piece of property, because the land rights are within the family unit, the group. It is not parcelled out to individuals.

1548 Mr. YATES. Are there any people who wouldn't have some 1549 interest in some island somewhere? Apparently not.

Mr. SILK. It could be that there will be some people who have land rights on one island but don't have it on the other island. But that doesn't mean they don't have any land rights at all.

Mr. YATES. Okay. Well, how are they going to get fed?

Mr. SILK. Either they will get their food from the parcels of land that their families have or---

Mr. YATES. Imported?

Mr. SILK. Imported.

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Mr. YATES. How will the imported food be distributed?

1560 Mr. MITCHELL. That is a current question. They are doing

1561 that now. How is it done?

Mr. SILK. We distribute that according to the population,

- 1563 how many people are there.
- 1564 Mr. YATES. Equal shares?
- 1565 Mr. SILK. Equal shares.
- 1566 Mr. YATES. Okay. So there is no trouble in paradise,
- 1567 right?
- 1568 Mr. SILK. There could always be trouble.
- 1569 (Laughter)
- 1570 Mr. SILK. But we try to do our best to try to distribute
- 1571 equally.
- Mr. YATES. All right. Do they have any trouble? Okay,
- 1573 what are the troubles?
- 1574 Mr. SILK. Well, like now, there are a number of our group
- 1575 who are not on Enewetak. They are on the other islands,
- 1576 Marshall Islands. And they want to get a share. As it is
- 1577 right now, the standing is that we divided the food among
- 1578 the people who are actually living on that island. So there
- 1579 is another problem.
- 1580 Mr. YATES. How is that going to be solved?
- 1581 Mr. SILK. Those people will have the food we give them,
- 1582 and there won't be any problem.
- 1583 Mr. YATES. Do they know the results of the reports, does
- 1584 the chief know the results of the reports we have showing
- 1585 what the incidence is and so forth? Are they aware that

1586 there is a possible danger? The doctors aren't willing to
1587 say there is no possible danger, are you?

Dr. BENDER. We are not. We have tried to explain to them the risks as we see them. I believe they understand them.

Mr. MITCHELL. In September 1979, the Department of Energy and Department of Interior representatives, as well as Dr. Bender and Dr. Brill and the rest of us, went to Ujelang where the people were staying. I wish we had had more time. The Department of the Interior was anxious to get the boat back again. Department of Energy made a lengthy presentation. We met with Bender and Brill and another doctor. We evaluated the dose assessment. People consdiered the risk estimates which were before us then, which as you now know, are just slightly less than what you are now looking at.

The people weighed that in with all the other considerations important to them. The restricted land base, the need for everyone to inhabit where they traditionally belong. They decided it was resettlable. They asked us to come here and ask for the funds to do that.

Mr. YATES. How much money is needed?

Mr. MITCHELL. The unofficial Interior estimate, I think, as \$6 million.

Mr. YATES. How do we resettle them if the Secretary of 1609 1610 the Interior says they shouldn't be resettled, which is the 1611 condition at the present time?

1612 Mr. MITCHELL. You are referring to the early January 1613 letter?

1614 Mr. YATES. The letter of January 5th by the Deputy Under 1615 Secretary, who says, Cecil Andrus, said the Secretary of 1616 Interior determined that radiation exposure falls below 1617 Federal standards.

1618 Further, the Secretary believes the most acceptable way to 1619 ensure the people of Enjebi to return to their homeland in 1620 the future would be for the establishment of a housing trust 1621 fund to be used only when Enjebi Island was deemed safe for 1622 habitation.

1623 Well, the doctors are deeming it safe. What about the 1624 Department of Interior, are they deeming it safe?

Mr. MITCHELL. That is the old Department of Interior. 1626 We have called upon them to reconsider.

Mr. YATES. Well, Mr. Bettenberg represents the new Department of Interior. He used to represent the old one; now he represents the new one. 1629

Mr. MITCHELL. Just so it is clear, we have written and called upon the new Department of Interior to reconsider this. They have said they will do this.

1633 Mr. YATES. Who is ''they?''

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1634	Mr. MITCHELL. In this case, it is either Billy Lee Hart,
1635	or one of the under secretaries. I can provide a copy of
1636	the letter for the record.
1637	[The information follows:]
1638	
1639	****** COMMITTEE INSERT *******

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RAIIE.	TAP 133000 PAGE /1
1640	Mr. YATES. Who from Interior wants to comment on that?
1641	Mr. BETTENBERG. I frankly can't.
1642	Mr. YATES. How about Mr. deYoung?
1643	Mr. DEYOUNG. I would be happy to.
1644	Mr. YATES. What is your title, Mr. deYoung?
1645	Mr. DEYOUNG. Senior Assistant for Office of Territorial
1646	and International Affairs. I would be happy to comment on
1647	that.
1648	Mr. Mitchell is correct. On behalf of the people of
1649	Enewetak, he has submitted a letter to Secretary Watt,
1650	requesting the Secretary to re-examine Secretary Andrus'
1651	decision.
1652	This issue is before the new Administration and will be
1653	reviewed.
1354	Mr. YATES. When was that done? When did you give
1655	Secretary Watt the new letter?
1656	Mr. DEYOUNG. I would say probably about two weeks ago.
1657	But it is pending. It will be looked at.
1658	Mr. YATES. What is your feeling, personally, about what
1659	the findings of the doctors are, and what about your
1660	advisors?
1661	Where is the gentleman from DOE?
1662	Mr. DEYOUNG. We have the DOE contingent in the rear of
1663	the room.
1664	Mr. YATES. There is no hiding place in here, you know.

1665	Mr. MITCHELL. Mr. Chairman, I might sharpen the issue a
1666	bit by suggesting a question. The letter here says that the
1667	radiation standards are not complied with. I would assert,
1668	shall now assert.
1669	Mr. YATES. ''I do now assert.''
1670	Mr. MITCHELL. I do now assert that the dosages you are
1671	looking at in this final report are within the radiation
1672	protection guides, the most stringent government criteria.
1673	Mr. YATES. Mr. deYoung, having heard your assertion,
1674	wants to reply.
1675	Mr. DEYOUNG. I would like to remind the committee, as
1676	well as Mr. Mitchell
1677	Mr. YATES. I don't like the way this begins.
1678	Mr. MITCHELL. I am used to it.
1679	Mr. DEYOUNG. That when the Armed Services committee cuttoringd
1680	originally annyonvisted money for the start of the clean-up.
1681	it: they directed and ordered that there should be no **Ricommindation: Miracialism of resettlement in Enewetak Atoll, unless then tems set by the
1682	resettlement in Enewetak Atoll, unless the tems set by the
1683	Department of the them AEC be followed.
1384	Because of uncertainties, the EPA at that time recommended
1685	that the 500-rem level (cut in half, to 250. We were directed
1686	ordered not to do any resettlement unless Attes 250 hem kind
1687	Mr. Mitchell is perfectly aware of this. All of the
1688	Enewetak resettlement program has been on the basis of 250
1689	rem. This is not a/standard.

1690	This was a recommendation we were directed to follow.
1691	Mr. YATES. I know. The fact Mr. Mitchell is aware of
1692	that doesn't mean it is right.
1693	Mr. DEYOUNG. I know. What I am saying is that the
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1695	under a directive from a committee of the U.S. Congress.
1696	Mr. YATES. Which committee?
1697	
1698	Mr. YATES. When?
1699	mr. DEYOUNG. That appropriated the original money for
1700	the clean-up program.
1701	Mr. YATES. Mr. Mahoney's committee? Was this
1702	appropriations, or Armed Services committee?
1703	Mr. DEYOUNG. A Armed Services, familier, 10 1966 94-157.
1704	Mr. YATES. They can't appropriate. They recommend.
1705	Okay.
1706	How realistic is the 250,000?
1707	Mr. DEYOUNG. It is met in the southern islands. There
1708	is no problem at all.
1709	Mr. YATES. That is fine. Does the Secretary's directive
1710	apply to the southern islands as well?
1711	Mr. DEYOUNG. That's correct.
1712	Mr. YATES. Then the Secretary's letter won't let them go
1713	back to the southern islands, will it?
1714	Mr. DEYOUNG. No, I am saying the southern islands are

- 1715 way below 250, ke uch.
- 1716 Mr. YATES. They are already there. Does the Secretary
- 1717 agree with that?
- 1718 Mr. DEYOUNG. Yes, there is no problem with the southern
- 1719 islands.
- 1720 Mr. YATES. Just the northern islands?
- 1721 Mr. DEYOUNG. Just the northern islands and Enjebi.
- 1722 Mr. YATES. Do we have a map?
- 1723 Mr. MITCHELL. The eastern chain. Then you come to
- 1724 Enjebi near the top.
- 1725 Mr. YATES. Enjebi is right at the north.
- 1726 Mr. MITCHELL. That is right. That is where about half
- 1727 the people once lived.
- 1728 Mr. YATES. And they want to go back there. What about
- 1729 the other small islands? Were they never occupied?
- 1730 Mr. MITCHELL. They were always available for copra
- 1731 production and gathering of food.
- 1732 Mr. YATES. Will they be available? Oh, that is where
- 1733 they deposited everything, isn't it? Yes, I remember now.
- 1734 It's been a year.
- 1735 I hadn't really remembered it so well. I see Runet, named
- 1736 after Yvonne.
- 1737 Mr. MITCHELL. That was the English name for the islands.
- 1738 The applicable radiation guide--
- 1739 Mr. YATES. Is the only dispute left Enjebi?

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Mr. MITCHELL. That's it. Enjebi has two numbers in it. 1740 1741 Annual rate, and a 30-year dose.

Mr. YATES. How far above 250 are you in Enjebi?

Mr. MITCHELL. 250 is the wrong number with all due 1743 1744 respect. It is 500.

1745 Mr. YATES. 250 is the number Mr. deYoung used.

1746 Mr. MITCHELL. Mr. deYoung respectfully is mistaken. The 1747 DOE people will agree he is mistaken. The applicable number 1748 is 500 millirem. On an annual basis.

In 30 years, which is the dose of relevance to genetic effects, five rem, or 5000 millirem, is the guide, not the limit, not the limit, but the guide.

The limits you see for dose, page 8 of our statement, 226 1753 millirem is the dose our doctors tell us is relevant on an annual basis.

So 226 as against a standard of 500 millirem. For the 30year dose, we are 1.8 above the five, above the standards 1757 themselves, radiation protection guidance, expressly permits, where justified, a dose at a rate higher than five 1759 in 30 years, if there is a good reason for doing so.

The 1.8 difference between the five rem, and the 6.8 which 1761 is the prediction, is a matter I would like our doctors to 1762 comment upon.

They say it is not a dangerous thing by any means. And I would challenge the DOE to say otherwise.

1765 Mr. YATES. A question I should like to ask is, suppose there were no remnants, relics of the bomb blasts. What would be the rems that would be applicable just in a sunlit island like that, much lower than the consequences as a result--

Dr. BRILL. 3.5 microrads per hour or an annual dose of 30.7 millirem per year, as opposed to Denver, which is 140.3 millirem. 140 versus 30.

Mr. YATES. Because Denver is higher?

Dr. BRILL. Higher, and also because of the naturally occuring radioactive materials on the Colorado Plateau.

Dr. BENDER. Also because they are closer to the equator, which influences the cosmic rate.

Dr. BRILL. A fourth, or one-fifth.

Dr. BENDER. As we pointed out in the 1979 document, the kinds of doses we are talking about for the people of Enjebi, should they return, certainly the people of Enewetak as they have returned, are in the general range of exposures that people around the world take voluntarily, and nobody is the least bit concerned.

That is to say, people choose to live in Denver, and nobody says, ''Well, that is dangerous, and we have to move them away.''

Elsewhere in the world, there are some rather high radiation background areas, in Brazil and India, where

1790 people live and receive doses far in excess of any being 1791 considered here.

1792 That, of course, is not to consider cases of occupational 1793 exposure which we allow. So this is not an unusual 1794 situation.

1795 Mr. YATES. Is there a question here of 'hold 1796 harmless''?

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Mr. MITCHELL. That is raised now and then and I always feel a little uncomfortable when it is, because I don't think legally the Enewetak people could release the U.S. Government in any case from some future harm which could occur.

On the other hand, based on everything we know, we don't foresee anything of that sort anyway.

Mr. YATES. That's probably the reason you got the letter from the Secretary, because there wasn't a ''hold-harmless'' 1806 provision.

Mr. MITCHELL. I think the problem is two-fold. They are fearful of adverse publicity. They are fearful more so this day with lawyers chasing all over the islands, talking about suing for millions and millions of dollars, and they are even more afraid of adverse publicity from lawsuits.

It makes our job even more difficult.

Mr. YATES. Let's hear from DOE now. Mr. Deal, wherever 1814 you are.

KWILL.	PAGE 78
1815	DR, I know there is Br . Wachholz, but Mr. Deal is bigger than
1816	Dr. Wachholz.
1817	Come on up, Mr. Deal, Dr. Wachholz and Dr. Burr.
1818	What is your feeling about all this? You have heard the
1819	testimony by witnesses, Mr. Mitchell and the witnesses with
1820	him. Mr. Deal has been answering questions in the past, not
1821	too satisfactorily, but answering them nevertheless.
1822	What is your feeling about this now, Mr. Deal?
1823	Mr. DEAL. Since I can start, I can turn to my
1824	Mr. YATES. Sure, of course you can.
1925	(Laughter.)
1826	Mr. DEAL. Mr. Chairman, I have heard a lot of things
1827	that bring back old history to us. as you may recall.
1828	I will ask for a chance to correct history if I make a
1829	mistakemisstatement_in_my_commentsBut-I-think that WAS CONSIDERED WEEN
1830	everything Mr. Mitchell has said about the standards, we
1831	have to remember that the Atomic Energy Commission spent a
1832	lot of time reviewing the clean-up criteria for Enewetak. THESE DISCUSSIONS AND POSITION PAPERS ARE
1833	The INITIAL PASSIGNMENTS WERE
1834	When it was submitted; the arrangements that the Department THAT THE STORIC ENERGY COMMISSION
1835	of Defense would do the clean-up operations, and we would AND CERTIFY THE CLEAVUP.
1836	establish the criteria, The five commissioners themselves
1837	considered this in great detail.
1838	It took several years to put this all together. The USED IN THE CLERNUP CRITERIA ANBLISHED
1839	numbers that were used, all that is laid out as a matter of

1864 apply. They do apply.

1840	record in the EIS.
1841	So there is nothing new here in terms of what we could say
1842	to you on that. The reasoning behind it is today as it was
1843	in that time. No wanted to take a conservative approach. THAT REMEN AFFIRE CLEENUE
1844	It is unfortunate that the numbers the doses are so close
1845	that there is no clear-cut yes or no. That is all I can
1846	say. To comment on interpreting these standards tis
1847	really a responsibility of EPA.
1848	They have received the Federal Radiation Council, which
1849	was the body established to promulgate radiation standards
1850	for the government.
1851	That is their responsibility. They have the EPA CONCUR IN THE AEC
1852	interpretation of these. They did agree earlier in our AND TO CLEANUP CRITERIA THAT WERE EPA
1853	approach to the standard We had letters from them
1854	FOR THE DOD CLEANUP PROGRAM.
1355	Mr. YATES. Did Interior consult EPA on this at all?
1856	Mr. DEYOUNG. Yes.
1857	Mr. YATES. Did you consult EPA before the Secretary sent
1858	his letter out in January?
1859	Mr. DEYOUNG. EPA has been involved in various meetings
1860	and has testified before this committee.
1861	Mr. YATES. What is the attitude of EPA in this, does it
1862	have one?
1863	Mr. DEYOUNG. EPA has said the Federal standards should

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Mr. MITCHELL. Excuse me. The EPA has also said, and 1865 1866 somewhere in everybody's files, the letters are there, these 1867 numbers I mentioned before, 500 millirem per year, 5 rem in 1868 30 years, are not absolute ceilings. 1869 They have to be applied with judgment. 1870 Mr. YATES. I think the best thing to do is bring EPA in 1871 and ask them. We did that in July, but this is a year 1872 later. 1873 We have a new EPA. Maybe the new EPA will come to a 1874 different conclusion. I don't know. Do you want to express 1875 an opinion as to whether or not these people ought to go back to Enjebi? You would rather not do it. 1876 1877 Dr. Wachholz, would you like to express an opinion? 1878 Dr. WACHHOLZ. If I had an option, I would prefer not to. 1879 (Laughter.) 1880 Mr. YATES. Suppose you sat where Dr. Brill sits and Dr. 1881 Bender and the others. 1882 Dr. WACHHOLZ. May I comment on some of the previous 1883 testimony? 1884 Mr. YATES. Sure you may. 1985 Dr. WACHHOLZ. We received a copy of their testimony 1886 during the lunch hour, so I have not had an opportunity to look at it other than superficial; glance through it. 1887 Just from what they said, I don't think we have any 1888 1889 significant disagreement in terms of the actual risk

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1890 involved.

I think part of the question is, will the decision be based upon the doses which are estimated and projected for upon the potential risk that is involved?

Clearly, there is no standard for risk; what is an acceptable risk is obviously a very personal thing.

What is acceptable to you may not be acceptable to me, and vice versa.

1898 Mr. YATES. I know.

Dr. WACHHOLZ. In terms of standards, there is a Federal FOR THE MAXIMUM EXPOSED INDIVIDUAL.

1900 standard of 500 millirem per year. In this very superficial

1901 look at the table they have here, they have taken the 30
1902 year accumulated dose and divided by 30 to get an annual

1903 average.

1904 Correct me if I am incorrect.

Dr. BENDER. Absolutely right.

Dr. WACHHOLZ. On the other hand, our laboratory people
1907 have gone through the dose which people are likely to
1908 receive on a year-by-year basis.

In some years, it is much lower than this; in some years, it is considerably higher than this. I think, and I am projecting in an area that we really don't have responsibility for since we are essentially in the dose prediction business--

Mr. YATES. Would you expect the earlier years to have

1915 the highest dose, or later ones?

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NEITHER.

Dr. WACHHOLZ. He In fact, I would suspect the peak
1917 years to be after the food plants and crops and coconut
1918 trees begin maturing, which I assume would be six, eight, 10
1919 years or longer.

Mr. YATES. Why would you expect that if, in fact, the earth is clear and there won't be transmission through the coconuts and the other foods?

Dr. WACHHOLZ. I don't think anyone has indicated that there would be no transmission, because, in fact, the soil is not totally free of radionuclides. No, sir. I don't think anyone--

Mr. YATES. I had the wrong impression, then.

Dr. BENDER. Perhaps I can clarify that. If we gave you that impression, we didn't intend to. Clearly, everyone agrees there is radioactivity present. And that when the trees are planted, or other things, it will get into them.

Mr. YATES. Yes.

Dr. BENDER. The amount of radionuclides will decrease with increasing time simply because, by decay--

Mr. YATES. You two are in disagreement?

Dr. BENDER. No, we are not.

Dr. WACHHOLZ. I don't think so. I think it is a little bit of apples and oranges. In terms of radioactive decay of the radionuclides, this is a physical constant.

As Dr. Wachholz has said, the reason it is nine or 10 years in the future for Enjebi, which you will note it is not for some of the southern islands, is simply that, if we plant coconut trees now, no coconuts will be mature or eaten for perhaps eight years.

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It is those coconuts which will contain the greatest amount of radionuclides. Coconuts maturing thereafter will presumably contain decreasing amounts, according, mainly, to the half-life of the isotope involved.

But this has all been taken into consideration.

Mr. YATES. Under Enjebi, you are up to 500. 1965

1966 Dr. BENDER. In the maximum year, yes, sir, but not 1967 substantially above it. I think that is an important point. 1968 In the minimum years out of these 30, it will be very

1969 substantially less.

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Mr. MITCHELL. In any case, part of the assumption is 1971 that the island will receive reasonable support from the 1972 outside world, so the diet, 60 percent imported foods, 40 percent local, can be maintained.

Mr. YATES. What is reasonable support?

Mr. MITCHELL. Well, it means a field trip vessel. I 1976 would say every couple of months. John, what would you say? How often should a field trip vessel call upon the island in order for them to maintain the diet that they prefer? Once a month.

Mr. YATES. Okay, Dr. Wachholz. I stopped you in 1981 midflight. Go ahead.

Dr. WACHHOLZ. I am not sure where the flight was at the 1983 moment.

Mr. YATES. I think you were talking about the peaking.

Dr. WACHHOLZ. I was saying we have a Federal standard for the dose, but we don't for risk. In terms of what is applicable and what is not, we would defer to the Environmental Protection Agency as to how the doses that we have calculated compare with those standards.

1990	We have put in these books, the ones we presented to the
1991	Enewetak and Bikini peoples in the last two years, the
1992	number 500, so that they are aware of the fact that there is
1993	A STANDARD, not only U.S. A but an international standard that is
1994	acceptable.
1995	In terms of any variance from that, in terms of how this

relates to their situation and so one we would defer to the EPA.

Mr. MURTHA. What if you didn't eat the coconuts, what if they didn't plant coconuts now? How much less would the 2000 radiation level be, say they plant them 10 years from now?

Dr. WACHHOLZ. If I can break your question into two parts, start with they don't plant coconuts, period.

First of all, I don't know how realistic that is, and I am not in a position to make a comment on that.

Secondly, certainly the dose would be less to some extent, and I would just be guessing if I mentioned a specific number.

Mr. MURTHA. But you said at a peak period the coconuts were going to be one of the major reasons that you would have this.

Dr. WACHHOLZ. Right.

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Mr. Murtha --Mr. MITCHELL.

Mr. YATES. Well, wait a minute. Is there something the 2014 Doctor said you don't agree with?

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Dr. BENDER. It might have been misleading. It seems 2015 2016 clear, if you don't plant the coconuts, then you will not 2017 receive any of the dose attributable to eating coconuts in 2018 the future. 2019 If you plant them later, when they mature, there will be 2020 less radioactivities. 2021 Mr. YATES. What is Paradise without coconuts? You are 2022 going to have to plant them, aren't you? 2023 Dr. BENDER. We have suggested in conferences with the 2024 then Under Secretary of Interior, Mr. Green--2025 Mr. YATES. We had our experience with Bikini, where they were told not to eat the coconuts. And, apparently, 2726 2027 coconuts are like candy to kids to the people out there. 2028 Coconuts is one of their staples, and they will eat it. Dr. BENDER. I can't comment too much on Bikini except to 2029 2030 say that my understanding is that the reason so many coconuts were eaten is basically the failure of supply, and 2031 2032 not just a matter of a few weeks, but a matter of many 2033 months. 2034 Mr. YATES. I think that was present there, too, yes. Dr. BENDER. We suggested to Mr. Green at one point, I 2035 2036 think it was Mr. Green, the possibility of building houses at Enjebi, and planting the coconuts, and agreeing that the 2037 trees would be removed and replanted if it turned out in 2038

eight years, or whenever the appropriate time is, that they

2040 were, in fact, too radioactive to allow the guides to be 2041 met.

2042 I think that the people's representatives agreed to that 2043 at that meeting.

Mr. MURTHA. How much less radiation would there be if they didn't eat the coconuts?

Dr. BRILL. It is a factor of two. If you look at the table you just were looking at, Table 29, on page 50, and 2048 you look at the doses for imports available and unavailable 2049 for the same population group for Enjebi Janet, it is 509 2050 whole body millirems per year in the year of the highest does, if they eat native foods.

It is one-half of that, 277, if imports are available. So, without the trees, you cut the dose by a factor of two.

Mr. MITCHELL. I think it is even less than that. I think the dose with imported foods still includes consumption of some local foods.

Let me just try this. Absent the food web problem, which is what we are concerned with here, isn't it correct that the dose from terrestrial sources is very small, is really not a matter of any concern at all? Isn't that a fact?

Mr. YATES. I didn't hear that answer.

Mr. DEAL. It is very small. Cesium levels--

Mr. YATES. You better say that loudly so the reporter 2064 can hear you.

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Mr. DEAL. I am almost certain, Mr. Chairman, the 2065 2066 external dose levels would not bring you up to the standard. 2067 It has to come from the food they eat to bring it up. Dr. BENDER. In fact, sir, the local natural background 2068 2069 is low enough so that, if one accepts the external component 2070 of dose as estimated in this dose reassessment, the sum of the two is still less than, for example, living in Denver. 2072 Mr. YATES. Well, we better get the expert from EPA in 2073 and find out how EPA feels. And we better find out from the 2074 Secretary's office how the Secretary feels before we do 2075 anything on this thing. I can sympathize with the desire of you people to go home. 2076 But I must say, I dislike, as much as these gentlemen do, 2077 2078 giving an affirmative answer to what may result. Is there anything else we ought to put into the record? 2079 Mr. MITCHELL. No, I think we have everything, can submit 2080 anything. Do we have any more time at all? 2081 Mr. YATES. Did your witnesses want to say something? 2082 2083 Mr. MITCHELL. Are we winding up at this point? Mr. YATES. I think so. 2084 D1. BRILL. Could I make a comment about the risk 2085 2)86 estimates? Mr. YATES. Sure you may, Doctor. 2087 Dr. BRILL. Dr. Bender and I spent approximately two 2088 2089 years with the National Academy of Science's recent

2090 reviewing of radiation effects, he from the genetic 2091 standpoint, and I with the Somatics Committee.

Then the two of these committees got together to revise and come to a consensus.

Over the years, since the last BEIR Committee report in 1972, the risk estimates have decreased by a factor of two as a result of the recent reappraisal.

I would submit that perhaps the EPA and other groups that looked at the radiation doses and potential consequences, maybe three, four, five, 10 years ago when they planned the resettlement and clean-up, were looking at a factor of two higher in risk.

So they might want to reconsider the risks associated with the levels they have been able to achieve, which are much lowe than they had anticipated.

The second thing is that the newest BEIR Committee, in its reappraisal, developed two models, one which is the linear model, which is the one all our high-risk estimates come from, which was put forth as the upper limit on credible risks; and a lower-risk model, the linear quadratic, which falls in between the high and the low models, and also is 2111 most consistent with radiobiological evidence.

So I think that was called the best estimates. If you look at the situation for the Enjebi population, the risk 2114 estimates in terms of the numbers of added cancers

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throughout the life span of the population, assuming they
can go back and are exposed to the doses that we both agree
upon, is between .15 and .99 added cases of cancer in the
lifetime of that population.

That assumes that these people go back at birth, and indeed, many of them are going back at ages considerably above birth, although I wouldn't want to guess their age.

So, therefore, the risk they would assume in their lifespan is less than this. So you are talking about a fraction of a case of cancer in the lifetime of the population, against the other kinds of risks one would quantify by their not going.

So far in the clean-ups, there have been three deaths.

One associated with the engineers, an aspect of moving dirt,
and two associated with water, in the lagoon.

People are exposed to risks. I think the radiation risk here, when you are talking about a small fraction of a case, maybe is one of the smallest considerations.

Mr. YATES. Will we know until 20 or 25 years go by?

Dr. BRILL. These risk estimates are based upon the experience largely of the Japanese survivers we have followed now for over 30 years. So they are rather stable estimates. These are not those that a single committee has come up with.

They happen to agree very well with the United Nations'

2140 Committee meeting that involved representatives from all 2141 over the world, and summarized their effects in '77.

I think we are in pretty good agreement on the levels of 2143 risk. We are really talking about a fraction of a case.

Mr. YATES. Why is Mr. deYoung so stubborn? Why are you so stubborn, Mr. deYoung?

Mr. DEYOUNG. I wouldn't say, Mr. Chairman, that I am stubborn. What I am saying is that when this particular aspect was delegated to Interior, we were given certain guidelines to follow.

Now, as I said, we are perfectly prepared to have EPA look - Mr. YATES. All right. You are right. We better call EPA in here and see what the guidelines are, so that Mr. deYoung has a different guideline if, indeed, there will be a different one established.

You want to give Dr. Bergman a chance.

Mr. YATES. Okay, Dr. Bergman, I am not going to interpret your testimony without your having given it.

Dr. BERGMAN. I think I can say very briefly that I think that there is risk in allowing the displaced population to be displaced and to keep them displaced, particularly after they have considered the facts of their situation and decided they want to go back.

There is a lot of experience, a lot of it in this country, that there is considerable morbidity and mortality from

2165 people being forced out of their homes and having their 2166 lives disrupted.

The longer it goes on, the worse it gets. Suicide rates,

2168 accident rates and violence go very high with such

2169 populations.

A number of people who have had experiences like that, their death rates are very high, where the incidence of suicide among young people is many times the national and world averages.

Those risks are associated with displacement. I think that in the interests of reducing risk of cancer, genetic defects to zero, the risks of some of these other effects may be very high.

Mr. YATES. Did you quantify them?

Dr. BERGMAN. Very roughly on basis of comparison with other populations and other situations. But there are places in this country where similar experiences have occurred, and the rates of death by suicide and violence are greater by a factor of five to 10 in the younger population, which would mean that, if anything approaching that were to happen here, it might mean in a population of 500, somewhere on the order of five to 20 deaths.

Mr. YATES. So we are in trouble, then, aren't we? We are in trouble because, unless EPA has a psychiatrist to come in and comment on your statement, as well as Federal

standards, we have to consider that factor as well, don't 2191 we? 2192 Dr. BERGMAN. I think it should be considered. 2193 Mr. MURTHA. Mr. Chairman. 2194 Mr. YATES. Mr. Murtha. 2195 Mr. MURTHA. Are we talking about experience? This is 2196 actually what is happening in this population, or are we 2197 talking about hypothesis? 2198 Dr. BERGMAN. This is what has happened in other 2199 populations with similar experiences. 2200 Mr. MURTHA. Why wouldn't it be happening now if they had 2201 been displaced--2202 Dr. BERGMAN. I think it is happening. 2203 Mr. MURTHA. It is. But you have just not done a study 2204 of it, is that accurate? Dr. BERGMAN. That's right. 2205 2206 Mr. YATES. So we are in further trouble now. We do 2207 have, staff reminds me, a letter dated August 23rd, 1979, 2208 addressed to Mr. deYoung's boss. She is your boss, isn't she, as I remember? 2209 2210 Mr. DEYOUNG. Yes. Mr. YATES. That letter says, ''Can the 1960 Federal 2211 2212 guides by exceeded?'' And the answer is ''Yes.''

The guide states the following: ''It is recommended that

2214 the Federal agencies apply these radiation protection guides

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2215 with judgment and discretion to assure that reasonable 2216 probability is achieved in the attainment of the desired 2217 goal of protecting man from the undesirable effects of 2218 radiation.

''The guides may be exceeded only after the Federal agency 2220 having jurisdiction over the matter has carefully considered the reasons for doing so in light of the recommendations in 2222 this paper.''

So it is up to Interior. EPA says, sure, we have guides. 2224 It is up to you to decide whether or not the danger exists. 2225 So it is now been kicked back to the Secretary, hasn't it? So we have to get ahold of Mr. Watt. So that is the state 2227 of the record.

Did anybody want to say anything else?

All right, we bid you God speed on your voyage home and 2230 will try to do our best by your clients.

2231 Mr. MITCHELL. Thank you very much.

> Mr. YATES. We recognize the fact that they want to go home, and I can appreciate that.

It is a very difficult decision. We will do our best. 2235 Thank you very much.

Mr. MITCHELL. We will be happy to bring these people back again with staff, or whatever.

Mr. YATES. Well, we are grateful for your records. We 2238 2239 are grateful for the testimony they gave us.

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We are grateful for the psychiatry and the sociology that
must be a necessary part of this. We will see if EPA, or
the Secretary, has any comments upon the psychiatrist's
testimony.

Mr. MITCHELL. Thank you very, very much for taking so

2244 Mr. MITCHELL. Thank you very, very much for taking so 2245 much time with us.

(Whereupon, at 2:13 p.m., the subcommittee was adjourned.)

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