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STATEMENT OF SENATOR JETON ANJAIN
ON BEHALF OF
THE RONGELAP ATOLL LOCAL GOVERNMENT
AND THE RONGELAP PEOPLE PRESENTLY LIVING IN EXILE

Chairman Yates and Members of the House Appropriations
Subcommittee on Interior and Related Agencies:

I am Senator Jeton Anjain. I represent the People of Rongelap¹ in the Marshall Islands. On behalf of the Rongelap People, I thank you for the opportunity to appear before this Committee and to submit this statement.

In 1988 and 1989, Rongelap came before this panel and asked that the comprehensive study be funded, pursuant to the Compact of Free Association. The Department of Energy, throughout both years, vigorously opposed any independent review -- just as it did more than a decade ago when Rongelap asked for an independent medical assessment.

We have observed, but not fully understood, DOE's intense opposition or the bureaucratic resistance to any kind of independent review.

① Absent Phase 2, Rongelap proceeded, in the past year, to proceed with its own review of the situation. Out of necessity, Rongelap accepted the political and financial burden of conducting our own inquiry. Many historical documents and materials were examined and we have met with various DOE program officials.

② We report to you today some of the results of our work. The DOE program managers with responsibility for the Marshall Islands medical and environmental programs cannot tolerate any kind of independent review regarding any aspect of the Rongelap program or the situation at Rongelap -- for the DOE program managers

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¹ The "People of Rongelap" consist of those people who historically have inhabited the atolls of Rongelap, Rongerik and Ailinginae, and their descendants who, as members of one of the bwij of Rongelap, claim rights in the lands of these three atolls as a matter of traditional Marshallese law and custom.

Harry Brown NV

that one of the central conclusions of the DOE-1982 Report, concerning an individual's exposure from eating local food only, was "incorrect" -- that the doses from such a diet would in fact be "higher".

Thus, the Compact "threshold" for the "Phase II" comprehensive and independent study mandated by Section 103(i) has been, by any measuring stick, reached.

From a more practical perspective, the Rongelap Reassessment Project resolved very little, and instead, created many new and unanswered questions. From the Reassessment Project, we now know there is a significant lack of knowledge concerning either the environmental and radiological conditions of the lands of Rongelap Atoll or the health and medical well-being of the Rongelap People.

The safety and habitability of Rongelap Island and Rongelap Atoll remain in serious doubt, notwithstanding the repeated assurances by DOE.

The Compact recognized that circumstances might require additional study and mandated a two-step, statutory process to address this eventuality. It is now time to proceed with the comprehensive and independent study of Rongelap -- the Phase 2 Study -- as set forth in the Compact of Free Association.

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RONGELAP FUNDING RECOMMENDATIONS AND PRIORITIES

Rongelap supports the request of the Government of the Marshall Islands for sufficient funds for the Section 103(i) Phase 2 comprehensive and independent study of Rongelap Atoll and humanitarian relief for the Rongelap People in the form of interim resettlement (Rongelap Rehabilitation and Resettlement).

Rongelap also supports the funding requests of the Government of the Marshall Islands to continue the Four-Atoll Agricultural and Food Program and the Health Care Program for Rongelap and Utrik.

THE COMPACT AND RONGELAP

Those sections of the Compact of Free Association that were designed to address the unique circumstances and problems of Rongelap are not working for the People of Rongelap. For 40 years, from 1946 to 1986, the Marshall Islands was a Trust Territory of the United States. In 1986, the Marshall Islands became a Freely Associated State [the Trusteeship status at the United Nations, however, remains in place]. At that time, the policy of the United States, enacted in Public Law 99-239,

provided for the benefit of Rongelap an independent review of "radiation and other effects" and a comprehensive study if necessary. For Rongelap the Compact also provided for health care programs, food assistance programs, and a special Claims Tribunal. More generally, the Compact represented for Rongelap the opportunity to engage in the rights and responsibilities of living in a democratic and free society.

Since implementation of the Compact, a number of issues have arisen affecting Rongelap that strongly suggest that the Compact is not working for our people as Congress had intended. These words are not stated lightly:

Dr. Kohn and the Rongelap Radiological Study

Dr. Kohn's Rongelap Reassessment Project recommendations ignore the Compact. If followed, they will effectively overturn specific provisions of the Compact. ✓

It is obvious to Rongelap that DOE program managers greatly fear the independent "Phase II" study mandated by Section 103(i) of the Compact Act. Interestingly, all of Dr. Kohn's recommendations direct that the Department of Energy reinstate certain studies, conduct new ones, or redo others. These recommendations flatly contradict the Compact, which expressly mandates, in light of the Rongelap Reassessment Project's findings and conclusions, that any further studies be conducted independently of DOE. Dr. Kohn's recommendations have created considerable confusion in this regard. As a result, he has performed a great disservice to the Government of the Marshall Islands and the People of Rongelap.

Rongelap and the DOE "Double Standard"

The DOE program managers at Nevada, at Lawrence Livermore and Brookhaven National Labs insist that Rongelap is safe. Rongelap has spent the better part of two years understanding their statements, reports, and other documents. Their position is fundamentally flawed, and now, Rongelap is able to explain how and why. Unfortunately and with great sadness, we report to this Committee that DOE has not told you, the Congress, or Rongelap the whole truth:

Repeatedly, Rongelap has encountered the use of a radiation "double-standard":

The AEC Cleanup Guides for Enewetak. In the mid-1970s, the AEC and ERDA adopted a radiation clean-up guide significantly more stringent than the 1960 Radiation Guideline. Yet seven years later, DOE and subsequently Dr. Kohn, without explanation, use the older, out-of-date 1960 guideline (selectively) as the basis for radiological determinations of habitability at Rongelap. The 1974-75 AEC cleanup guides were not applied to Rongelap, either at the time of the 1978 survey or in 1982, ✓

when the DOE Bilingual Report was published. Had they been, radiological cleanup would have been required at Rongelap Island and throughout Rongelap Atoll.

Comparison of the DOE response to radiological conditions at Bikini and Enewetak. One of the main reasons the Rongelap community fled their ancestral homeland was the comparison made by the DOE-1982 Report between contamination levels at Rongelap, Enewetak and Bikini atolls. According to the DOE-1982 Report, the Rongelap population's radiation exposure over a prospective 30-year period (based upon a "mixed food" diet) would be approximately 2.5 rems. ⁽¹⁾ As the attached analysis from scientist Bernd Franke notes, this long-term exposure is more than twice the level estimated for Eniwetak Island of Enewetak Atoll before cleanup of that atoll. In ⁽²⁾ addition, the average concentration of plutonium in the top 15 cm of the soil of ⁽³⁾ Rongelap Island is more than twice the amount found on Eniwetak Island. Moreover, radiation dose estimates by DOE for residence on Eniwetak Island and Eneu Island did not exceed, for either, the 1960 Federal Guide. Nevertheless, neither the Enewetak people nor the people of Bikini were forced to move back to their respective homelands absent comprehensive radiological surveys and related cleanup operations. Contrast this with the Rongelap situation, where the people are being told to return without even a comprehensive survey, let alone the matter of a possibly needed cleanup! (For a more in-depth analysis, please review the attached report of Bernd Franke.) } Fabre

see table 3 #2 p. 22.

report says so

The Rongelap "diet". Appendix #1 addresses in detail Rongelap's concern with the fact that the dose DOE attributed to a Rongelap "local food only" diet was in fact a dose resulting from a diet of "mixed food". Neither DOE nor Dr. Kohn addressed what the resulting dose from a local food only diet would be. When we met with Dr. Kohn in December of 1988, he agreed that the dose would likely exceed the U.S. guideline. When pressed, Lawrence Livermore subsequently developed a "below dose/local food only" diet which would have cynically consigned the Rongelap people to starvation.

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The uniqueness of the Rongelap experience. All of the Rongelap people, because of either their acute or compounding chronic radiation exposures, are a population that is unique. *Unlike the Bikini and Enewetak people, the people of Rongelap are an exposed population.* Consequently, they are at greater risk if returned to a contaminated environment than were a non-exposed population similarly returned. However, neither the DOE nor Dr. Kohn take this into consideration. In fact, both DOE and Dr. Kohn administratively remove the 1954 highly exposed population from any discussion about the risks of returning to Rongelap.

Rongelap and "Safeguard C"

*This is outside of my
area*

The Department of Energy, and the AEC in previous years, operationally subordinated all Marshall Islands medical and environmental programs, and all DOE laboratory (Lawrence Livermore and Brookhaven) programs to a defense readiness status for the resumption of atmospheric nuclear testing.

Why has Rongelap been treated as it has? Perhaps the answer is related to the undisclosed (and secret to this day) -- DOE's "Safeguard C" policy its application to the Marshall Islands medical and environmental programs. ✓

As far back as 1975, there has been a fierce internal fight within the AEC and then the DOE over control of the Marshall Islands programs. DOE's Defense Programs and the Nevada Operations Office wanted to control them. In March 1982 the new Assistant Secretary for Defense Programs, Herman Roser, submitted an "ACTION" memorandum to the Secretary urgently recommending that DP be assigned total management, policy and budgetary responsibilities for all medical and environmental programs in the Marshalls.

"Safeguard C", according to a 1982 DOE memorandum to the Secretary, *"requires the U.S. to maintain the capability to resume atmospheric weapons testing."* Roser then declares, to Rongelap's total surprise that, *"much of the field effort in the Marshall Islands is an exercise of the expeditionary capability which is an important aspect of [DOE] Defense Programs' Safeguard 'C'."* ✓

Over the many years since Bravo, we have repeatedly been told that these medical and surveillance programs have been instituted for "moral" and "humanitarian" reasons. Apparently, the truth of the matter is somewhat different.

The DOE's radiological monitoring in the Marshalls, its environmental cleanup activities, its health research activities, even its medical program, are all part of DOE's Defense Programs's stand-by readiness to resume atmospheric nuclear weapons testing. The plight of Rongelap, as far as the DOE is concerned, has necessarily fallen second to the priorities of "Safeguard C". It is no wonder, then, that Rongelap has been treated as callously as it has at the hands of the DOE program managers. *not logical*

This program transfer was vigorously opposed internally within DOE at the time. C.W. Edington, a DOE official, in a memorandum addressed to Trivelpiece vigorously opposed the transfer, and concluded, *"association of the health care and radiological monitoring programs to the weapons program and readiness capability destroys any pretense of objectivity and credibility."* *ask Edington*

Rongelap agrees.

Ironically, this program transfer, and the justification asserted for it, was initiated two years and two months after the U.S. and the Government of the Marshall Islands agreed at the Fourth Round Kona Meeting on Status Negotiations to prohibit nuclear weapons tests in the Marshall Islands and the FSM.

And, two months after the memorandum was prepared, the U.S. Government and the Marshall Islands Government signed the Compact. The 1980 approved provision banning nuclear tests remained in the Compact, without substantive change.

Knowledge of this has been discovered only recently. Rongelap does not fully understand all its implications. We do not know why such a policy would have been implemented and once implemented, why knowledge of it would have been withheld.

There are two possible explanations. First, notwithstanding the Compact, the DOE has been planning and preparing for the resumption of nuclear testing in the Pacific at the Marshall Islands. Or, second, DOE determined that it had to study on a long-term basis the consequences of a "contaminated people living in a contaminated environment."

The implications of the first situation invade the integrity of the Compact. As to the second, I simply brand it repugnant.

Rongelap and the Nuclear Claims Tribunal

not within my area

Rongelap is concerned about several matters:

(1) We are concerned about the recent resignations of certain Nuclear Claims Tribunal judges -- particularly Chairman Piggott, who submitted his resignation last February charging "political interference" with the jurisdictional independence of the Claims Tribunal. The Cabinet of the Republic of the Marshall Islands is to be commended for its efforts to date to repair the damage caused by these resignations, particularly their selection of a seemingly well-qualified jurist to replace Mr. Piggott. Nevertheless, we viewed Mr. Piggott as representing the independence and integrity of the Claims Tribunal intended by the Compact. We remain concerned that issues raised by Mr. Piggott's resignation may yet go unaddressed.

(2) We are concerned that there exists an effort to force the Rongelap Local Government out of business, by utilizing the legal processes of the Nuclear Claims Tribunal to prevent the Council from using Section 177 funds to protect its peoples' rights under the Compact and otherwise paralyze the Rongelap Council's efforts, particularly before the U.S. Congress. Although Rongelap has

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at this time no evidence to support its contention, nevertheless the Council is under relentless attack for seeking to utilize its Section 177 funds for purposes similar to those to which funds have been previously dedicated by the local governments of Bikini and Enewetak.

(3) We consider the Department of Energy to be creating unnecessary barriers to access to medical records. Access to medical records should be a matter exclusively between the patient and his or her treating physician -- in this case Brookhaven National Laboratory. Notwithstanding, Brookhaven doctors have directed requests pertaining to medical records to the Department of Energy. In order to ensure justice before the Nuclear Claims Tribunal on radiation claims, individual victims need full and unrestricted access to their records.

Rongelap and Food

- always in need my to import food if pop > 50?

Under the Compact, Rongelap initially experienced food program cutbacks. While the food program has been temporarily restored, we are aware that it expires very soon. Nine months after submitting publication of the Rongelap Reassessment Project Report, Dr. Kohn told Congress last April that a food program will be required for at least another 30 to 50 years. He neglected to state that fact in his Report.

Rongelap and Medical Care

- this not a US problem

The Four-Atoll Health Care Program is inadequate. It has run short of money. One Rongelap woman died in childbirth -- bleeding to death because we could not pay for the helicopter to get her to the hospital. In other situations, patients referred to a hospital in Hawaii cannot go notwithstanding their medical conditions, due to inadequate funds.

OTHER SIGNIFICANT DEVELOPMENTS

In just the last few months several significant developments have occurred that relate to the Rongelap situation.

* ***SPEERA Panel Endorses end to DOE Defense Programs oversight of Rongelap issues.*** Last June, Secretary of Energy Watkins created a special panel to evaluate the Department of Energy's epidemiology programs. The Secretarial Panel for the Evaluation of Epidemiologic Research Activities for the Department of Energy (SPEERA) invited Rongelap to make a presentation which we did at the Panel's December 28 meeting in Albuquerque, New Mexico. Rongelap was considered by the

panel a "case study." As a result, SPEERA has recommended to DOE that all issues related to Rongelap be transferred out of the hands of DOE's Defense Programs.

* **Nitijela Resolution No. 75.** On January 24, 1990, the Nitijela of the Marshall Islands, during the 11th Constitutional Regular Session, unanimously adopted Resolution No. 75, introduced by the Cabinet, in which the Nitijela endorses each of the nine recommendations made by the Rongelap Atoll Local Government at the Interior Committee's Oversight Hearing on the Safety and Habitability of Rongelap Atoll on November 16, 1989. (These recommendations are attached hereto, as Appendix #3.)

* **Nitijela Resolution No. 76.** On January 24, 1990, the Nitijela also adopted, unanimously, Resolution No. 76 which commends Admiral Watkins, Secretary of Energy, for his decision to take a "fresh look" at the Rongelap situation and urges support for immediate funding of Phase 2 comprehensive and independent study of Rongelap Atoll.

* **The National Research Council's "BEIR V" Report Concludes that Radiation Risks Understated.** The National Academy of Science's National Research Council Report "BEIR V" indicates that the 1982 DOE assertions concerning the health risk to the Rongelap People from living on Rongelap Island are understated. Health risks have to be increased, three to five times at a minimum. Moreover, the "BEIR V" Report demonstrates that the DOE's standard for safety used in 1982 is now obsolete.

*I disagree
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dose - act*

IS RONGELAP ATOLL SAFE?

The Rongelap people ask repeatedly, "Is Rongelap Atoll Safe?" The answer to this important question is more elusive today than ever before. DOE insists on maintaining exclusive control over the data, the assessments, the determinations and the conclusions. The DOE program managers have undertaken a campaign to prevent the independent study mandated by the Compact. Rongelap, in response, merely asks that the Compact of Free Association be implemented.

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The Rongelap people entered self-imposed exile in May 1985 on the belief that Rongelap was not safe and that DOE had not told us the truth about radiation, in the lands and environment of Rongelap or in the people of Rongelap.

Rongelap, in the past two years, has learned that our fears were justified and in retrospect, our actions were reasonable.

Rongelap learned that DOE excludes the most contaminated lands of the Atoll and the most contaminated Rongelap people from its calculations of dose and its

*false
assessing*

conclusions of safety. As a result, DOE's definition of habitability is skewed and therefore distorted and unreliable.

DOE, in response to unfolding events and circumstances [Rongelap's decision to evacuate in 1985, the congressionally mandated review of the DOE 1982 Radiation Report in the Compact in 1986, and finally, the Rongelap Reassessment Project Report in 1988], has been madly scrambling to produce one new DOE report after another to "prove" that Rongelap is safe. Usually these reports are coincidentally published on the eve of one congressional hearing or another. On one hand, DOE declares Rongelap is safe. On the other, they fear an independent review of their work and their conclusions.

Rongelap supports Section 103(i) of the Compact. It is now time to implement it.

Finally, Mr. Yates, Rongelap has discovered the existence of Safeguard C and its application to our programs and our lives. A full and complete accounting has yet to be obtained. It puts a terrible stain on a troubled 36-year history. //

Mr. Chairman, Rongelap suffers from two insults. First, the AEC bomb "Bravo" irradiated us. Second, certain DOE program managers -- in the Office of Defense Programs and at the Nevada Operations Office -- have apparently concluded we are little more than "human subjects" to be studied in perpetuity. =

I ask, Mr. Chairman, what have the Rongelap people done to the United States of America to make your country so mad at us?

On behalf of all the Rongelap People, and especially the children, I thank you.

APPENDIX #1

FOOD, DIET and DOSE
DOE WRONG, KOHN MISLEADING

One of the principal conclusions of the DOE-1982 Report concerning the habitability of Rongelap is that,

"If 233 people live on Rongelap Island and eat local food only from Rongelap Island ... the largest amount of radiation a person might receive in one year from radioactive atoms that came from the U.S. bomb tests is 400 millirem."

DOE-1982, page 39.

Without equivocation, Dr. Kohn determines that this conclusion is wrong:

"That statement is incorrect. Lawrence Livermore calculated the cited dose on the basis of the community type B diet[.]"
DOE-1982, page 40.

"The doses in fact had been calculated by the Livermore team for the community type B diet ... [which] involves the use of imported foods brought in on a regular basis by supply ship to supplement local produce. Without such imports, the doses would be higher."
DOE-1982, page 23. (emphasis added)

How much higher? Dr. Kohn's Report does not answer this question, although one of his consultants did advise that a Rongelap diet based upon local food only would result in individual exposures in excess of the 500 millirem per year dose limit considered safe for an individual.²

² Only recently has Lawrence Livermore National Laboratory attempted to calculate cesium-137 doses for members of Rongelap based upon a "local food only" diet. These doses, the report concludes, are below the federal guidelines. Robison & Phillips, "Estimates of the Radiological Dose from Ingestion of 137Cs and 90Sr to Infants, Children, and Adults in the Marshall Islands", UCRL-53917, February 1989.

However, this diet, which LLNL characterizes as "imported food unavailable", is based upon a *starvation diet* of 1,256 kcal/day! The FDA recommended daily caloric allowance is 2,000 to 3,200 kcal/day.

— Simply double the diet. $2 \times 1270 = 2540$ CC
 But they can't produce that much food! unless they do a lot of fishing — when the deer will decline.

For Rongelap this is a very important issue. Historically the Rongelap community has been dependent for its sustenance upon what it has harvested locally. However, as Dr. Kohn noted in testimony before the House Appropriations Subcommittee chaired by Rep. Sidney Yates, in April of 1989, the food grown locally on Rongelap Island is inadequate to sustain the Rongelap population. Thus, a "local food only" diet would necessarily require food gathering from other islands of Rongelap Atoll, many of which have higher concentrations of radioactivity than Rongelap Island.

Certainly in more recent times Rongelap's locally grown food has been supplemented by USDA food imports. This does not, however, automatically ensure a safe diet for Rongelap.

Dr. Kohn's Report notes that, "the major uncertainty in estimating the dose is the diet." The report then concedes that, "no one knows precisely what [the diet] is." Kohn Report, Note 8, page 65. *later*

Nevertheless Dr. Kohn makes two fundamentally flawed assumptions about the availability of imported food in order to estimate a "safe" dose:

First, Dr. Kohn's assessment of a "safe" dose based upon diet assumes the use "of imported foods brought in on a regular basis by supply ship". More specifically, that there "is a good supply of imported foods (supply boat comes in regularly, say, every three weeks)." Kohn Report, Note 8, page 65. However, as anyone familiar with the USDA Food Program will attest, USDA foods have never been available on a regular basis and never in amounts that have ensured that excess, and therefore unsafe, levels of local food would not be eaten.

Secondly, before Congress in 1989, Dr. Kohn testified that this imported food program would have to be maintained for "thirty years, fifty years". He ignored the fact that the Compact-mandated USDA imported food program for Rongelap expires in less than 18 months.

The major uncertainty regarding dose is related to food and diet. On this point, there is no dispute. From Dr. Kohn we now know that the DOE 1982 Bilingual Report was wrong on the central issue of food, diet and, therefore, dose.

Dr. Kohn, having revealed this critically important DOE error, chose to ignore it. He proceeded instead to follow the same process of determining dose based upon a "mixed food" diet as had been used by DOE. His resulting conclusion as to habitability thus becomes as misleading (and meaningless) as those contained within the DOE-1982 Report.

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Answer this.

APPENDIX #2

**RONGELAP IS DIFFERENT
DOE UNABLE TO ADDRESS UNIQUE CIRCUMSTANCES**

Rongelap and its radiation problems are fundamentally different from the DOE experience at Bikini and/or Enewetak.

Unlike the Bikinians and the Enewetakans, all of the Rongelap people are an **EXPOSED** population. The Rongelap people, in 1954, received a near-lethal acute radiation dose -- first believed to average approximately 175 rems, but later revised upward to 190-200 rems. For the children at the time, the dose was considerably higher. *Additionally*, the entire population then received a chronic radiation dose from living on Rongelap between 1957 and 1985.

At Enewetak and Bikini, the *lands* of those atolls were insulted by the 66 atomic tests conducted over a twelve-year period, but the peoples of those atolls were not exposed to radiation.

At Rongelap, the *people* and *land* were both contaminated.

All of the Rongelap people are an "exposed" population, not just those living on Rongelap in 1954. DOE has persisted in the application of its "maximum permissible levels" dose standards to a population with both an acute exposure (1954) and a chronic exposure (1957-1985). Another chronic exposure will be experienced if Rongelap is resettled, particularly so if no cleanup program is provided. Application of such a standard may make sense for an unexposed population, but it makes no sense for those Rongelap people who were either present in 1954, or who have resided at Rongelap since. / ?

The Enewetak and Bikini radiation evaluation "models," therefore, never quite work for Rongelap. DOE, Dr. Kohn, and others appear amazed and frustrated at Rongelap's recalcitrance and unwillingness to accept their results. The models are flawed -- at least insofar as applied to Rongelap. ?

DOE, in our opinion, has no idea of how to properly deal with our unique situation. So instead they bureaucratically "conform" Rongelap to the Enewetak/Bikini model, even if it fails to apply. How? DOE, in calculating dose, limits the calculations to the "unexposed" populations within our community. Stated another way, DOE (and Dr. Kohn) administratively eliminates the most contaminated lands and the most contaminated peoples from its calculations. ?

Rongelap is different. DOE is unwilling to address our radiologically unique circumstances. Dr. Kohn failed to do so. Both the DOE approach and Dr. Kohn's review are, for this reason alone, fundamentally flawed if not dishonest.

*approved by Nitijela
1-24-90*

APPENDIX #3

RECOMMENDATIONS TO CONGRESS ON BEHALF OF
THE RONGELAP ATOLL LOCAL GOVERNMENT

Specifically, today we appear before this Committee to ask:

(1) That the Phase 2 comprehensive and independent study of Rongelap Atoll be undertaken pursuant to Public Law 99-239, Section 103(i), the Compact of Free Association.

(2) That the U.S. Government and the Congress fund the Phase 2 Work Plan, **MAKING RONGELAP HABITABLE: PROPOSED WORKPLAN FOR A PHASE 2 COMPREHENSIVE STUDY**, prepared by P&D Technologies, April, 1989.

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(3) That humanitarian emergency assistance be granted the Rongelap people to provide for temporary resettlement during the Phase 2 study and implementation of any resulting cleanup recommendations.

(4) That the U.S. Government fund, based upon the conclusions and recommendations as to habitability that results from the Phase 2 study, the Preliminary Plan for the Rehabilitation and Resettlement Study of Rongelap Atoll, prepared by Holmes and Narver, April 1988.

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(5) That the Compact of Free Association be amended to expand and extend the USDA food assistance program, which will soon expire, 30-50 years to conform to the recommendations of the Rongelap Reassessment Project.

may be

(6) That the Department of Energy, and in particular Brookhaven National Laboratory, be directed to make all medical and research records fully available, without cost, to members of the Rongelap community,

including the records of deceased Rongelapese, so that the Rongelap people may present claims to the Nuclear Claims Tribunal, created by the Compact of Free Association and ensure that those medical and research records are reviewed as part of Phase 2 study.

(7) That the US Government, and in particular the US Department of Energy, be directed to fully cooperate with the Phase 2 study by making all studies, documents, data, and other historical and materials available to the Phase 2 Study Team.

(8) That the statutory principle of "independence" as contained in Public Law, 99-239, the Compact of Free Association, be upheld. Today, it is wrong for DOE to study its own work on health, safety and the environment.

(9) That Rongelap be afforded the right to select the Phase 2 study contractor.

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