

Drafted by Dr. Edington  
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H4

To: Trivelpiece

From: C. W. Edington

Subject: Proposed Transfer of Marshall Islands Program to Office of Defense Programs

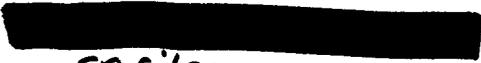
ISSUE: Is it in the best interests of the DOE and of the USG to transfer the Marshall Islands Program to the Office of Defense Programs?

BACKGROUND:

Considerable background information regarding this issue was provided in a memorandum to you dated April 14, 1982, from J. W. Thiessen (Attachment 1). I would like to add to that memorandum, however.

It should be recognized that a former Director of OHER's predecessor, the Division of Biology and Medicine, personally was among the first physicians to examine and treat the Marshallese exposed to fallout from the BRAVO test. From that time until July, 1981, a DOE/ERDA/AEC physician has been in charge of or closely associated with the medical program. All other portions of the program (personnel and environmental radiological monitoring, environmental research, dose assessments, radiological advice to the Department of Defense and of the Interior, budget issues, appearance at Congressional hearings, etc.) have been managed by staffs of OHER and the Office of Operational Safety (and their predecessors).

Periodically, efforts have been made to transfer some or all of these functions to the Nevada Operations Office. This occurred in 1975, at which time responsibility for logistical support of the agency's activities in the Marshall Islands was assigned to NV (Attachment 2). In 1977 another effort was made (Attachment 3).

  
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In 1979, responsibility for coordination consolidation and coordination of the several components of the program was assigned to Dr. Bruce W. Wachholz, at the time in OHER and subsequently transferred to EP; to date this assignment has not been rescinded (Attachment 4).

In 1981, at a time when the present managers of the Nevada, Richland and Albuquerque Operations Offices temporarily served in various acting capacities at Headquarters, Roger Ray, NV, was assigned the responsibility of participating in interagency discussions on DOE's continuing role in the Marshalls "with other appropriate DOE representatives," although the reporting channel to and policy guidance from senior DOE management was not specified (Attachment 5).

At the same time the question of transfer of the program was again raised, which led to further background assessment which is thoughtful and of interest (Attachment 6).

Throughout the years, senior DOE/ERDA/AEC management has retained technical, medical, and managerial control of the program in Washington (with the single 1981 exception), and within OHER and OS within Headquarters.

#### DISCUSSION:

Although the memorandum from ASDP to the Secretary (Attachment 7) speaks to the urgency of a transfer to DP so that programs will not be interrupted during status negotiations, we know of no actual or potential interruptions in the program, and therefore see no need for "urgency."

Three additional points must be made;

1. Status negotiations on nuclear claims issues currently are being conducted between the USG and the Republic of the Marshall Islands. These address medical care, radiological monitoring and related issues. Based on the 1981 memorandum (Attachment 5), Roger Ray is the ONLY person advising the Ambassador in these negotiations *re radiological issues.*

There has been essentially no briefing of or coordination with senior DOE management regarding future DOE interests in the Marshalls, or lack thereof, of which I am aware by Mr. Ray. The lack of any policy discussion in Washington regarding these matters leads to situations such as that contained in a cable from Mr. Ray received April 30, 1982 (Attachment 8). We, and OS, take exception to each of the 4 points he presented to the Marshallese. Comments on the first 3 points were provided CP and DP (Attachment 8). Point 4, with which we and OS agree, is the apparent opposite of <sup>the</sup> justification for transfer of the program to DP as discussed in the ASDP memorandum to the Secretary (Attachment 7).

2. The provisions of Public Law 96-205 (included in Attachment 1) have significant programmatic and financial implications for DOE.

3. There are in excess of \$6B in litigation against the USG, with another approximately \$4B in claims against several laboratories. These temporarily are on "hold" pending the outcome of the states negotiation.

Perspectives pertinent to the issue can be addressed in three categories:

#### Technical

1. There has been a long close working relationship between OHER and OS regarding the Marshall Islands. During the U.S. atmospheric weapons testing program, these offices provided medical/technical support and assistance to

DP. The medical and technical competence to manage the Marshall Islands resides only in OHER and OS (e.g., medical judgments, radiation protection standards development, clean-up criteria development, dose assessments, advice to other agencies, testimony at Congressional Hearings).

2. Currently, there is no full-time medical staff and no technical staff in DP with experience in, or more than superficial knowledge of, radiological and medical issues in the Marshalls.

3. No responsibility for technical issues related to medical or environmental radiological issues has ever been assigned to DP by DOE, ERDA, or AEC management.

4. Future issues that are expected to arise (in addition to political and legal issues) include:

a. Controversy regarding the safety of the plutonium entombed in the Cactus Crates at Enewetak.

b. The marketability of Copra from trees planted in areas of elevated Sr-90 and Cs-137 levels.

c. The risks attendant in the return of people to Enjebi Island at Enewetak Atoll, and to Eneu and Bikini Islands at Bikini Atoll.

d. The radiation dose sustained by inhabitants of numerous atolls in the southern Marshall Islands in the early 1950's.

e. Implementation of all or portions of P.L. 96-205.

f. The use of one or more of these atolls as a spent fuel storage site.

## Credibility

1. Contrary to the statements in the ASDP memorandum to the Secretary, the DOE/ERDA/AEC programs in the Marshall Island managed by OHER and OS since 1954 related to health and environmental monitoring are NOT "largely weapons-related," nor is the logistic and support base common to the Safeguard "C" readiness program. (In fact, I know nothing about such a program, much less has OHER supported it for nearly 30 years.)
2. It is ludicrous to claim that the Marshall Islands program "is an exercise of the expeditionary capability "of the Safeguard "C" program and is related to U.S. capabilities to resume atmospheric testing. ✓
3. Such statements, if available to the press or the Government of the Marshall Islands, would destroy whatever credibility the U.S. enjoys in the Marshalls and probably force the termination of the program. ✓
4. Such statements also lend credance to the claim that the U.S. is studying the Marshallise as "guinea pigs." ✓
5. Linkage of the medical and environmental programs to the possible resumption of atmospheric testing (implied to occur in the Marshalls) would lead to extreme political embarassment in the status negotiations, the U.N. and in the national and world press. ✓
6. The inconsistencies contained re this matter in the DP memo (Attachment 7) and the cable from Roger Ray (Attachment 8) are obvious.
7. As has been the case for nearly 30 years, it continues to <sup>be in the best interests of the DOE and the USG to</sup> keep this program separate and apart from DP interests and activities.

## Budget

1. Since the early 1970's, no DMA/DP funds have been routinely spent for DOE/ERDA/AEC programs related to radiological issues in the Marshalls. In fact, funds were expressly prohibited for such purposes in 1971 (Attachment 10 ), although some DMA funds were allocated in 1973 for a radiological survey of Enewetak on a one time basis.
2. With above single exception, all funds for the medical and radiological monitoring and research programs in the Marshalls have come from OHER and OS.

## Policy

1. Until May 1981, all policy issues regarding the Marshalls were the responsibility of OHER and OS. These were addressed by the appropriate senior management (e.g., the former Assistant Secretary for Environment) via briefings and position papers.
2. Since that time, the DOE policy with respect to the future role of DOE in the Marshalls has been enunciated by 1 person, without - to my knowledge - discussions, much less approval, by senior DOE management.
3. There have been differences of opinion as to DOE's role in the Marshalls between Headquarters staff and NV staff. Without a Congressional mandate, the former has maintained that DOE is advisory to DOI and DOD, and has attempted to limit or reduce DOE's obligations. NV, on the other hand, has fostered the DOE program in the Pacific, and via their direct contacts with the Marshallese people and government, tend to give the appearance of a greater DOE responsibility for health and welfare than is actually the case (especially since anyone is perceived as the "US Government," rather than representatives of separate agencies). The more visible DOE's presence has been, the more responsibility this agency appears to have in the eyes of the people.

For example, the meeting that Mr. Ray had with the President and the Cabinet of the government of the Marshall Islands was not coordinated with DOE headquarters or with DOI, and the report was a memorandum for the record with no distribution (Attachment 11).

There is little doubt that transfer of the program to DP means, in effect, transfer of the program to NV.

### Conclusions

1. DP does not have the medical or technical staff competence to manage the program or to address likely future issues.
2. Association of the health care and radiological monitoring programs to the weapons program and the readiness capability destroys any pretense of objectivity and credibility.
3. Since May 1981, there is <sup>no</sup> a Senior DOE person in Washington who is aware of positions that are being put forward in international negotiations as DOE positions. Under DP this situation would be exacerbated.
4. As discussed elsewhere, OHER sees no point in continuing research at the Mid-Pacific Marine Lab, nor is there any programmatic need for maintenance of the Laboratory.
5. This entire effort is another attempt to transfer management of the Marshall Islands program to NV, albeit via DP this time.

RECOMMENDATION

If EP is unwilling to retain the program, that it be transferred to ER/OHER, together with appropriate funds and personnel, rather than to DP.