STATEMENT OF

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Mr. Chairman and Members of the Subcommittee, I am pleased to be here today to discuss the status of the U.S. Department of Energy (DOE) Special Medical Care Program in the Republic of the Marshall Islands (RMI). Specifically, I am here to provide this Subcommittee with the highlights of program implementation relative to the mandates established by the U.S. Congress. This introduction will be brief, and I have submitted the full document for the record.

Program Overview

The DOE Marshall Islands Special Medical Care Program provides annual medical screening examinations and care for surviving members of the population of Rongelap and Utrik exposed to radiation resulting from the 1954 U.S. nuclear weapons test code-named "Castle Bravo." There were 253 people on Rongelap and Utrik during the test. The Program was formally authorized in Public Law 99-239, the Compact of Free Association Act of 1985 (COFAA), and earlier Public Laws 99-205 and 95-134. In December 2003, COFAA was amended in Public Law 108-188, the Compact of Free Association Amendments Act of 2003.

The responsibility for the day-to-day management and operation of the DOE Marshall Islands Special Medical Care Program is within the Office of Health, Safety and Security. The Program's primary objective is to provide medical and environmental monitoring including comprehensive annual medical screening examinations and cancer treatment to the remaining survivors.

Please allow me to briefly review the Program mission statement. The mission statement serves as the basic principles that my office uses to guide its activities:

- To provide a program that is responsive to needs and sustainable over the lifetimes of the beneficiaries.

- The objectives are:

  - Provide medical screening examinations and cancer treatment consistent with the U.S. standard of health care for the mandated population;

  - Delivery of health care near patients' homes for patients living in the United States;

  - Actively engage community involvement in-country;

  - Delivery of health care in a culturally appropriate manner; and

  - Coordination with other health agencies in RMI to improve overall service.

Highlights of the Medical Care

- Today, 154 individuals participate in the Program for medical screening and cancer treatment. Their average age is about 65 years and they reside on 10 atolls, several islands, and seven States within the continental United States (CONUS) and Hawaii.

- In fiscal year (FY) 2009, 159 eligible patients were located and 136 were scheduled for examinations. Of the 136 patients, 118 received the full comprehensive examination; the remaining 18 scheduled patients were examined in early FY 2010.

- I am happy to report that 99 percent of those patients, who wanted to participate, completed medical screening examinations, including mammograms, in 2009. An annual screening mammogram in the age group of our patients is recommended by national authorities.

- In 2009, almost every patient (99 percent) who wanted to participate completed a thyroid ultrasound examination using portable equipment. The last thyroid cancer was diagnosed more than 25 years ago; the patient population remains concerned regarding continued risk of thyroid cancer and, consequently, we will continue to provide thyroid examinations.

- Approximately 93 percent of the patients who wanted to participate, depending on the time since the last colorectal examination and other risk factors, had a flexible sigmoidoscopy or colonoscopy. Periodic sigmoidoscopy is currently the recommended screening examination for colorectal cancer.

- The Program also performs age- and gender-appropriate medical tests. Medications are provided for a variety of conditions diagnosed by the physicians. Last year we filled about 700 prescriptions. We have also begun providing our CONUS patients a prescription identification card for authorized medicines at a national pharmacy chain.

- Patients living in the Marshall Islands or Hawaii who are suspected of having cancer are referred to medical facilities in Honolulu, with escorts, for diagnosis, treatment, and follow-up. In CONUS, all the referrals to medical facilities are within 50 miles of a patient's home.

- The number, severity, and complexity of referral cases vary widely from year to year. For example, in some years we have had only a handful of referral cases and, in some years, more than 50 referral cases per year. These have included diagnoses of several cancer cases and subsequent referral to leading cancer centers within the United States.

- Fifty percent of the population over the age of 35 years in the Marshall Islands experiences Type 2 diabetes. This average is consistent with the rates shown within our patient populations. It is believed that the increased move away from locally grown foods in the diet to an imported high-fat, high-sugar diet is probably the root cause for the high rate in diabetic patients. Our garden experiments are geared towards finding new nutritious foods to replace the imported foods and, hopefully, reduce the propagation of diabetes.

Please allow me to address the nontangible side of this Program that reflects its heart and soul.

Program Characteristics

The DOE Marshall Islands Special Medical Care Program is unique in many aspects. First and foremost, it touches on pure and basic human desire to overcome challenges and obstacles. We witness that determination firsthand in our interactions with remaining survivors that constitute the core of our patient population. We also witness the same desire to overcome challenges and obstacles in fulfilling our moral obligations by a dedicated staff who serve this Program. This is a shared value among all of us engaged in this important endeavor.

The Program is also unique, as it is ultimately responsible for the well-being of individuals through delivering high-quality patient care, while coordinating logistics, transportation, and environmental monitoring in a geographic area that covers about 120,000 square miles of open water and providing scientific data to support informed decisions regarding resettlements.

To ensure that the services are delivered as effectively and efficiently as possible, the resources, infrastructure, and coordination of all activities are structured and managed as one integrated program. This is also an attempt to further reinforce performance and accountability.

Please allow me to elaborate and provide more details on the significance and resultant benefits that have been realized due to the Program integration.

The success of the DOE Marshall Islands Special Medical Care Program depends on several key, interrelated components. These include:

- A proactive medical component responsive to the needs and requirements of the patient population.

- Objective environmental monitoring and agricultural research studies to characterize current radiological conditions and their potential impact on human health at the Bikini, Enewetak, Rongelap, and Utrik Atolls. The environmental monitoring and agricultural research efforts are closely linked and coupled with the medical component.

- A single point of service for a robust and reliable logistics and transportation network with sufficient capacity to enable safe and timely movement of patients, supplies, equipment, medical personnel, researchers, and technicians.

- And finally, what is needed for all these program elements to function properly is a sound, transparent system of governance that reinforces and strengthens trust, cooperation, and communication among all key stakeholders.

Program Accomplishments

My office has performed a careful self-assessment of the Program's accomplishments relative to each of the program elements. The highlights of the accomplishments include:

Medical Care Component:

- A single, nationally recognized medical organization with access to a large network of clinics and physicians that staff the Marshall Islands clinics and manage the annual examinations conducted throughout the year. Cancer treatment is provided for all patients needing such treatment, including those living in Hawaii and in CONUS, with care provided in close proximity to their primary residence.

- Safe clinic spaces with modern examination equipment and communications are used on Kwajalein Island and Majuro. The clinics are important. For example, there are about 3,000 clinical encounters a year where people call in or visit with a problem, to get a test, prescription, or to consult with medical staff. About half the encounters are by people outside the program mandate and we help them, where possible, or refer them to the national health care system.

- Licensed physicians and nurses that staff the clinics at regular hours and days are supported by a Physician in Charge located at the headquarters of the program medical provider.

- Marshallese-operated whole-body counters are strategically located in order to detect and measure radioactive cesium and to make laboratory determinations for the amount of plutonium deposited in bodies to provide physicians with important information on patient exposures.

Environmental Monitoring and Agricultural Research Studies:

Section 177(b) of COFAA directs a program of radiological (environmental) monitoring by the U.S. Government. To date, the Program has made many significant findings about the

movement of radioactive chemicals in an atoll environment, has found ways to effectively block the uptake of radioactive cesium into local food crops, has established facilities to take actual measurements of the uptake of radioactive cesium by people in their natural environment, and provided technical support for resettlement.

The focus of the environmental monitoring is primarily related to:

- Conducting radiological surveys of coral atolls. One outcome of the research is that the radioactive cesium is removed from the environment much faster than its physical half-life would predict, resulting in radiation levels below those calculated using the physical half-life alone; this finding has important implications for resettlement and health.

- Operating a number of permanent radiological monitoring facilities. These facilities are providing essential data and information to help Marshall Islanders make more informed decisions about personal food choices, where they gather food, and for resettlement purposes.

- Support to resettlement programs. Local atoll government contractors implement cleanup programs while DOE scientists provide technical support and conduct radiological surveys to verify the effects of cleanup activities.

A significant amount of important work is taking place under the environmental monitoring program that directly benefits the quality of life. Some of the recent activities conducted, as part of missions to Bikini, Enewetak, and Rongelap Atolls in the Marshall Islands, have included:

- Assessing urinary excretion rates of plutonium from selected volunteers on Enewetak known to be digging in soil looking for copper wiring on the northern islands;

- Performing a visual inspection of Runit Dome;

- Initiating discussions on developing a garden plot on Enewetak and/or Medren Island and collecting associated soil samples for analysis of physical and chemical properties;

- Conducting a pantry-style (local foods) sampling mission to Tufa Island on Rongelap Atoll;

- Sampling tree-crop products on Rongelap Island, including trees around the village and service area, and prospective home sites on other parts of the island;

- Holding discussions with Rongelap Atoll Local Government (RALG) and Pacific International Inc., on treating the village and service area with potassium and onsite selection for construction of new homes;

- Collecting and processing groundwater samples from established wells on Rongelap Island;

- Replanting the Rongelap garden to identify any issues associated with using groundwater as irrigation water for growing vegetables rather than reverse osmosis filtered water or cistern water;

  - The general aim of the garden projects at Rongelap, Bikini and Enewetak (and eventually on Utrik Island) is to develop data on the uptake of the cesium-137 and strontium-90 in leafy vegetables, and other root and grain crops. Such activities will allow the DOE to address future concerns about the potential impacts of changes in diet on exposure conditions in the Marshall Islands. In general, the garden experiments are designed to fill an existing information gap for helping sustain resettlement of the islands by developing updated field data on strontium-90; and

- Developing and initiating plans for continuation of the whole-body counting program on Rongelap Island through 2010.

Rongelap Resettlement:

The following summary points attempt to address a number of key issues related to resettlement of Rongelap Island:

- The radiological situation on Rongelap Island has improved dramatically since the community left the island in 1985.

- RALG contractors have carried out an extensive remediation project that has reduced the dose from external radiation in the main village and service area to negligible levels.

- Individual exposure and risk will largely be controlled by three main factors: (1) the quantity of locally grown terrestrial food consumed; (2) the source of the locally grown food (northern versus southern islands); and (3) how much time a person spends on the interior of the islands, especially in relation to occupancy of the northern islands. The marine exposure pathway is expected to make a very minor (negligible) dose contribution.

- The risk from radiation exposure on Rongelap Island is such that it is more likely than not that there will be zero cancers arising from fallout-related exposures in association with resettlement.

- Rongelap Island is safe for resettlement. This declaration draws upon information derived from radiological surveillance monitoring of workers and the environment at Rongelap over the past decade using cleanup (safety) guidelines adopted by the Marshall Islands Nuclear Claims Tribunal (NCT). The population average effective dose and reasonable maximum exposure at Rongelap is expected to fall below the NCT cleanup standard of 15 millirem per year.

- Some uncertainties in dose estimates do exist when considering potential exposures from periodic use of pantry islands. However, trends in historical monitoring data (1958-84) from Rongelap suggest that the resettled population can continue to consume foods from these islands in much the same way as they did during the 1970-80s without necessarily exceeding the NCT cleanup safety criterion.

- As the people of Rongelap consider resettlement, it is worthwhile noting, as a reference point, that the natural background radiation dose in the Marshall Islands is very low. The dose from exposure to naturally occurring radioactivity, plus nuclear fallout contamination at Rongelap, will actually be lower than the natural background radiation dose in the United States and Europe. These conditions apply everywhere in the Marshall Islands, without additional remediation work being carried out.

Logistics and Transportation Network:

The scope of the logistics component is vast and challenging. These include:

- Transportation for 136 people in-country from their residence to the place of their annual medical screening examination on both Majuro and Kwajalein Islands and to facilitate their stay, including arranging and paying for lodging, providing cash per diem payments for meals and incidentals, and other assistance at U.S. Federal Government rates.

- Support services for the 33 patients residing in the United States.

- Home visits for the few patients who are homebound and cannot travel.

- "Fit-for-travel" medical examinations for the patients' escorts. The logistics provider is the final authority for selecting escorts.

- Payments for travel and housing; medical costs for medical referrals to Honolulu, Hawaii, for in-country patients and their escorts or translators. Similar payments for patients in the United States for travel to regional medical centers within the United States.

- Appropriate short- and long-term living quarters and arrangements when it is medically necessary for a patient to remain for an extended period of time in Honolulu, Hawaii, or other city, as required.

- Arranging and paying for travel and per diem costs of volunteer (unpaid) medical specialists traveling to the Marshall Islands.

- Leasing and maintenance of clinical spaces for medical examinations in-country.

- Purchasing and managing equipment for the two clinics in Majuro and on Kwajalein Island.

- Environmental monitoring travel support including coordination and purchase of airfare, aircraft charters, vessel charters, and lodging west of Honolulu, Hawaii; and scheduling the use of vessels and aircraft to move personnel, supplies, and equipment to and from remote field sites.

- Assisting the environmental monitoring group in recruiting, selecting, training, paying, and providing other travel support for whole-body counter technicians.

- Employing local labor needed to assist in the collection and preparation of agricultural samples; to augment program scientists; and to maintain the Bikini Field Station, Rongelap Camp, and Enewetak Facility.

- Coordinating local labor payroll with local governments and lease payments to landowners where facilities are located.

Transparent System of Governance:

- The terms and conditions of the cooperative agreement are clearly documented and communicated.

- The review and selection of the new contractor was performed in a systematic process involving the Minister of Health and the Senator from Utrik Atoll, along with the Mayor of Rongelap and internationally recognized experts on health care and logistics. All bid packages were provided to all panel participants to review and comment.

- There is significant hands-on DOE management and oversight of day-to-day operations. The DOE Program Manager has substantial involvement and authority in Program direction to ensure legal requirements are effectively met.

- Our medical team makes quarterly "community" visits. The purpose of these visits is to provide follow-up medical examinations, as needed, and to discuss questions and issues raised by an individual or the community at large. We leverage these opportunities to present and update the local community about the medical services available, as well as any trends resulting from environmental monitoring activities.

- The feedback received from the community becomes part of the government-to-government communications, and are also discussed at the annual Program meeting with the Government of RMI.

Resources

- The 2011 budget requests $6.3 million for the Program, the same as the 2010 appropriations. This amount is expected to address planned commitments, with patient care as our number one priority.

Concluding Remarks

- Mr. Chairman and Members of the Subcommittee, DOE's commitment to fulfill its legal requirements for the DOE Marshall Islands Special Medical Care Program in RMI is solid and unwavering.

- The Program enjoys the support of the Department's senior leadership and maintains visibility at the highest levels of the Department. I have personally made two trips to the Marshall Islands and plan to make a third trip in the near future to tour the recent upgrades to our medical facilities.

- We view our commitments to RMI not only as a programmatic responsibility, but as a moral obligation to enhance the lives of a proud people with a rich history and culture that share our own aspirations for a better future. We have leveraged our resources to make a difference in the lives of the people of the Marshall Islands. For example, in the case of a natural disaster, such as the severe drought on Utrik, we went to extraordinary means to obtain transportation for our patients to Majuro and Kwajalein for their annual examinations. We also used our chartered boat to deliver water and food and return some patients that were stranded in Majuro back to Utrik, in addition to transporting patients in Utrik needing to return to Majuro.

- We are constantly exploring ways to ensure that services delivered are of the highest quality, timely, responsive, and delivered in a caring and professional manner. We are committed to delivering quality comprehensive annual examinations to our patients to look for any signs of cancer for early detection and treatment.

- We do not take this responsibility lightly. My management team and I are personally committed to the continued success of this Program.

Thank you for the opportunity to testify before this Committee. I am happy to answer any questions you may have at this time.