ABBY JOHNSON'S

INTERVIEW WITH

MARIE BOUTTÉ

EUREKA COUNTY, NEVADA

YUCCA MOUNTAIN LESSONS LEARNED PROJECT

held in

RENO, NEVADA

May 27, 2011

(21:08 Begin Raw Footage)

MS. CLANCY: This is Gwen Clancy doing the videography for this interview. And, today is May 27, 2011, and we're in Reno, Nevada. And, Abby Johnson is doing the interview.

MS. JOHNSON: My name is Abby Johnson. I'm the Nuclear Waste Advisor for Eureka County, Nevada. Today, we're at the University of Nevada, Reno, and we're interviewing Dr. Marie Boutté.

(21:24 Begin Raw Footage 1)

Marie, thank you so much for talking with us today. Could we start out by having you tell us about yourself, your position here at the University of Nevada, Reno, and how you got here?

MS. BOUTTÉ: Sure. I am a medical anthropologist. I have a Ph.D. from U.C. Berkeley. And, I'm associate professor here in the School of Community Health Sciences at UNR. I've been in this Department for about maybe ten years. I was in Anthropology before.

MS. JOHNSON: What is a medical anthropologist?

MS. BOUTTÉ: Everyone asks that. Actually, we study health from a cultural perspective. And, usually in most cases, a cross-cultural perspective. And, that's what brought me here to Nevada. I'm very interested in rural health, for example. I take a medical anthropological

perspective to rural health. And, you find medical anthropologists looking at all different aspects of health, but, generally, in a cross-cultural situation. But, we also work within our own cultures. But, for me, going to rural Nevada was a cross-cultural experience.

MS. JOHNSON: And, in general, with medical anthropologists, what kinds of--what's the purpose, what's the outcome of doing the research?

MS. BOUTTÉ: Yes. Well, I'm also an applied anthropologist. I like to take my work and try to influence policy and procedure, but generally policy, either at the local level or at the national level. My previous work was on a genetic disease in Portugal. And, in that work, I worked with disease foundations on helping them to get guidelines, for example, for genetic testing, what kind of guidelines should be in place. So, I do both theoretical work, but I'm also very interested in applied work.

MS. JOHNSON: Okay.

MS. BOUTTÉ: That is, solving health problems based upon my research.

MS. JOHNSON: Now, you got involved with the Yucca Mountain Project by doing some research for the State's Nuclear Waste Project Office. Did you already know about Yucca Mountain before that?

MS. BOUTTÉ: No. Actually, what happened was I

came from the Bay Area here to Nevada, and I was looking for a research project. I was always running off to Portugal, and my Department Chair said, "We really would like for you to get a local interest." And, I--a person in Carson City one day we were chatting, and I had just arrived here a few months, and he said, "You should go out to Ely and look at all those slit throats." And, being new to Nevada, even though I came to ski, I never had really done any work here, I didn't know what he meant. And, I said, "Well, what do you mean?" And, he said, "I'm not going to tell you. You need to go out there and just look at all the slit throats."

Well, I thought it would be due to like maybe mining violence, like young men in mining who got into altercations, you know, and cut each other up, is basically what I was thinking.

But, I drove out to Ely. I packed up the car and I drove out to Ely, and I stopped at Ruth on the way in, and the only thing open was a little bar, and I went in, because I really wasn't sure where I was. And, they always say to me, "You're not from around here, are you?" And, I said, "Well, I'm from the University, and I'm out here because someone said I should come out and look at all the slit throats. Like, what is that?" And, she said, this is just how she said it, she said, "Well, Honey, that's from all those nuclear tests we had out here, and those are thyroid

scars." And, I said, "You're kidding." And, she said, "No, just walk around town and you will see people who have evidence of their thyroids being removed, thyroid surgery."

And, sure enough, I did. I walked around for three days, and I talked to anybody just off the cuff who would talk with me. And, I was stunned by what I perceived to be the effects of the atomic testing.

So, then, I started research out in these rural communities, initially on the effects of the atomic testing. And, I interviewed ranchers, and I interviewed everybody. I mean, I covered every rural county that was downwind from the Nevada Test Site.

And, from that then, then I started learning about Yucca Mountain. And, then, one of my other colleagues, Dr. Kay Fowler, had done some work for the Nuclear Waste Project Office, and then they were looking for someone to start thinking about health impacts. And, so, then they gave me a call, and that's how then I started working under contract with the Nuclear Waste Project Office. But, it started by me looking at the problems of nuclear testing.

MS. JOHNSON: Okay. So, when you started working for the State's--on this project for the State Nuclear Waste Project Office, did you start by gathering baseline data?

MS. BOUTTÉ: No. Actually, there was a three-phase to the project. The Nuclear Waste Project Office was

interested in really initiating sort of a health impacts initiative, you might say. And, I said to them initially, "I'm really learning a lot about nuclear. I'm still learning." Well, everybody was learning about nuclear.

And, so, the phase one really was to get the lay of the land in terms of nuclear and Nevada. So, the phase one was for me to read and study all the studies that had been done concerning nuclear fall-out, or anything nuclear at all.

MS. JOHNSON: Now, did that include government studies?

MS. BOUTTÉ: It did. It did. It included the epidemiological studies that were done in the Sixties and Seventies from atomic fall-out, the thyroid and leukemia studies. In fact, I ended up writing a report about each one of those big epidemiological studies, and, other studies that had to do with radiation. And, I was interested in what kind of methodologies were they using, and what were some of the strengths and weaknesses of those studies.

In that phase one, I also read Congressional hearings. There had been many Congressional hearings held on atomic fall-out. The atomic veterans, for example, had testified. Downwinders had testified. Ranchers had testified about the problem with their sheep. So, I read all the Congressional hearings that I could get my hands on.

And, then, I ended up reading like books by--they

were often photo journalists, who had interviewed downwinders and atomic veterans. And, they had really good first-hand quotes from people describing their experiences. So, I just, for about a year, I even had a graduate assistant, we just really studied radiation for about a year.

And, then, from that then we went to the--that was the first phase. And, the Nuclear Waste Project Office got two reports on leukemia studies, the thyroid studies, and then when we all felt like we knew what we were kind of talking about, what had been done, and really beginning to understand the complexity of the problem, then we moved to the second phase of the initiative.

And, in the second phase, I convened a panel of experts, partly from the Centers for Disease Control from Atlanta, and some other experts from leading universities. We all met in Chicago for two days. And, we, me and other people from the Nuclear Waste Project Office, but I kind of led the discussion about what could they recommend given our unique situation in Nevada. We have small, rural communities, and the problem of doing epidemiological studies is we don't have a large enough population to really get good data.

So, out of those two days, they came up and recommended to us that we have a four pronged approach, and that was that we have health assessment, health monitoring,

environmental assessment and environmental monitoring in terms of Yucca Mountain. If we were going to move forward, those are the four components that we should pay attention to.

MS. JOHNSON: So, if the project were to come, then this would be a roadmap for how to collect data to understand the additional impacts from Yucca Mountain, given this underlying baseline of what had already occurred from atomic testing; is that right?

MS. BOUTTÉ: Exactly. Because the problem with atomic testing was we had really poor health data for a comparison. So, when families said they had health problems, we didn't know whether those health problems had been there before or not. So, that was part of the problems of getting compensation, was proof of causation.

And, so, it was decided well, can we get some baseline health data in place should Yucca Mountain go forward. And, then, if something should happen, we'd know what the baseline was before Yucca Mountain became operational. That was kind of the idea, because we had seen the problems of not having good health data in the nuclear testing phase.

MS. JOHNSON: Yes.

MS. BOUTTÉ: And, so, we were trying to overcome that problem, should Yucca Mountain go forward.

And, then, as part of that second phase, after the Blue Panel Commission or discussion, I then went to numerous Nevada State agencies for collaboration. I actually went to the Health Department, the Nevada Environmental Protection, just various agencies, and we discussed the complexities, how could they come on board with this project, and basically, they were short of funds for this kind of work. They didn't have personnel to come on board, and there's always this idea that Yucca Mountain is really a political issue. And, a lot of the agencies really are hesitant to get involved in this kind of hot political issue.

So, that collaboration did not come forward. It was not very fruitful at all. Everybody understood what was needed, but it just did not go forward. So, then, I took on the health assessment component, and the other three went by the wayside more or less.

So, then, that moved me into the third phase of the project, which I said then--and, I called it the Community Health Assessment Project, CHAP is what I called it.

MS. JOHNSON: Okay.

MS. BOUTTÉ: Okay. And, this was now--we started in '94. This is probably now about mid '95. I mean, this kind of took a long time to get all this up and running.

Then, the first thing I did in the third phase was I visited nine communities that were in close proximity to

Yucca Mountain.

MS. JOHNSON: Were they all in Nevada?

MS. BOUTTÉ: Yes, they were all in Nevada.

MS. JOHNSON: Okay.

MS. BOUTTÉ: Yes, because this was a Nevada project--nuclear waste project funded, so, yes, they were all in Nevada. And, out of the nine communities, this one we called it Windshield Anthropology. Okay? But, I spent at least two or three or four days in each of these nine communities looking--and, I had a set of questions that I was attempting to answer. For example, how likely were these communities to be impacted by Yucca Mountain, and in what way were they likely to be impacted, and also would the community be open to working with me in this kind of a project over a period of time.

I would need things like, you know, could the county commissioners, for example, provide me with an office if I needed one. And, how open was the community to really looking at this issue and working with me? And, so, out of the nine communities, I chose Caliente in Lincoln County, and I chose it for a number of reasons. One, that it was downwind from the Nevada Test site. And, many of the residents in that community had participated in the thyroid and leukemia studies in the past, and I thought, well, okay, I can draw upon that data if necessary. They're familiar

with what I would be doing.

And, also, it was likely, because of the rail line, that bisects Caliente, that they would be on the transportation route to Yucca Mountain. So, that seemed like the best community to start the project. And, the county commissioners and the municipal government was very open to the idea, and they had a community center that was very active, because that's a good way for me to make entrée into the community. It was just an excellent community for me to start in.

So, I then, my next thing then after identifying a community, was to actually move to Caliente. I, instead of my regular teaching load, I negotiated to double up on my teaching load one semester, so I could just do research the second semester. So, I moved to Caliente for a semester, for three months, and I did what we call a medical ethnography. And, that was just to, again, to get the lay of the land of the community. Who were the health providers? What kind of health data did they already have out there? What kind of health data could be collected out there? What kind of resources were there?

For example, I was thinking, well, the pharmacist, for example, we could track what kind of prescriptions get filled. That would tell us a little bit about what kind of health problems are out here. But, then, I learned well, a

lot of people out there go elsewhere to get their prescriptions filled.

MS. JOHNSON: And, sometimes their medical service.

MS. BOUTTÉ: And, sometimes their medical services. But, that's the kind of things that I learned about the community. That's what I needed to know about the community.

So, I lived out there. I went to everything. In my discipline, we do like what we call key informant interviews, so I interviewed everybody that would talk to me practically. I went to all the community events. I, as much as possible, became a member of the community to get a sense of the community.

Then, after that, I then moved in to what I call the pilot survey, household survey study. And, I had a Ph.D. student at the time, and she and I then again moved out to Caliente and we carried out a household health survey. I used the utilities list, because I wanted to do a random sample. And, the time that we had and the funding that we had, we could do 35 households. So, we chose actually 105 addresses, using a random chart, and used the utilities list, and we ended up interviewing 33 households, with a very extensive environmental health survey.

MS. JOHNSON: And, this was a one on one--

MS. BOUTTÉ: It was a one on one with every member in every household.

MS. JOHNSON: Oh.

MS. BOUTTÉ: Yes, it took hours to actually do each interview. And, part of that work was really to test the methodology. How difficult was it going to be to really do health studies and to get baseline health data out in a rural community? And, that pilot survey then gave us a lot of information about the complexities that that would be.

MS. JOHNSON: And, it is complex?

MS. BOUTTÉ: Very complex. Some of the issues that we found, for example, in doing the study was that a lot of the community had lived there during the time of atomic testing, and other families had moved in since that period of time. And, we found a real difference of opinion among those two different populations.

For example, the ones that had been there during the testing, especially the families that had suffered some health consequences of that exposure and had gone for radiation compensation, they were more likely to be adamant against Yucca Mountain, for example. And, the new families that had moved in who had no history of that, they tended, in general, to be more for Yucca Mountain. They saw it as an economic stimulus to the community. And, even some other families who had been there in the old days, you might say, also saw Yucca Mountain as an economic stimulus. But, they also were concerned about the health problems that they

perceived, that they had had from testing, and also the difficulties they had had in getting compensation. That was one thing.

The community was very split on the issue, and we had a problem as researchers because they wanted us to take a stand on it. They would say well, what do you think about it, and we were neutral about the project.

And, also, there were things that we hadn't thought about, like street names, like some of the streets had no names on them at all, and then some streets that did have names, there were like two streets named the same name. And, so, looking at the list and the addresses, sometimes it would take us like a couple hours to find an address. And, they didn't have numbers on the homes, necessarily, and I would say do you live at 236 whatever, and they would say I don't know, is that where I live, because they get their mail at the post office. And, so, some people didn't even know really kind of what their address was.

And, then, there were so many more seasonal homes in Caliente that we hadn't thought about. There were a lot of abandoned homes. And, a lot of people just flat out refused to talk to us because they had participated in the studies in the Fifties and Sixties as part of the Nevada Test Site.

MS. JOHNSON: And, those were government studies,

federal government?

MS. BOUTTÉ: Yeah, they were public health government studies. And, they had never gotten any results from those studies. They said they were told that they would be told the results of those studies. They were never told. In many cases, no one came back to report to them about the outcome of those studies. And, even when they were told what the outcome was, there was no health benefits along with it. So, it was just research.

So, here we come along asking questions. People would say look, you know what, we gave you all this information, putting me in with the government people, we gave you all this information to begin with, and nothing came of it. We're not going to waste our time telling you again about this.

And, I remember one man got really angry with us, and he said I want to be in your study, and we said, sir, we're doing a random sample, and we actually explained in detail what we were doing. And, he said I don't know why you're out here studying Yucca Mountain. We still have problems from Nevada testing, and you're out here now with Yucca Mountain. We need to be in your study. So, we spent a lot of time explaining Yucca Mountain work versus the Nevada Test Site work. And, so, it was far more complicated.

Another thing we hadn't thought about was we drove

university cars. And--

MS. JOHNSON: With the exempt plate?

MS. BOUTTÉ: Well, yes, and when we would drive up to, like there was a huge apartment house, and, in fact, people would be out in the yard, and we would drive up and we could see them running into their houses and shutting their doors. So, finally, I made contact with the manager of the apartment, and she laughed and she said, "They think you're child protective services, or some other services. They don't know who you are." We came back, got our own personal cars, and drove back and we were much more successful.

And, then, I also talked to a community center, and started to really identify more people who could be that entrée for us. But, it was a very complex problem to work in rural Nevada. And, we came out of that making several recommendations.

Should I just keep talking about the recommendations?

MS. JOHNSON: Well, why don't we move on to the next question.

MS. BOUTTÉ: Okay.

(21:45 End Raw Footage 1.)

(12:28 Begin Raw Footage 2.)

MS. JOHNSON: For your pilot study, what were the recommendations?

MS. BOUTTÉ: There were several. One was that--it is feasible to collect baseline health data. We really think it is feasible at the household level. But, instead of interviewing everyone in the household, we really only need to interview the women, because the woman of the household knew all of the health data. Husbands knew nothing about their own health data, for example. They would have to go and ask their wives. So, we really realized we could save a lot of time by just interviewing the head women of the households, for example.

And, it may even be possible to do phone surveys. A phone survey could certainly work with enough advanced warning. Our instrument was way too long. It took sometimes two hours, and we were trying to get so much data, and because it was initial, we really didn't know. But, we learned it was way too long. And, so, we could shorten that a lot.

The other thing to consider would be index families, which is what the Department of Energy had done initially with some families. You just follow those families over a long period of time. You do complete health histories on them. You take blood samples. You do biological samples. And, that might be possible to consider, is just people who have been there, are going to be there for a long time. They're your index families that are sort of surrogates for

the rest of the community.

And, we think we could get over a lot of the complexities with good advertising, good rapport. We did feel that women should be the interviewers, and they should be from outside the community. Many people said they would not give information to people who lived in the community. That was just too personal. It's too face to face, as we would say in my discipline. But, we felt like well-trained women interviewers, this project could certain go forward.

It did not go forward because of funding. But that was some of our major recommendations, was that we did think it could go forward. But, the complexity of separating what happened in the past, from what is potential in the future makes this a very difficult project. Very difficult. It's almost impossible to separate the two projects. Almost impossible. Because, the health problems that were there before, and then what would be potential from now. So, it would be very complex. But, we think we could get baseline health data.

MS. JOHNSON: Let's move on to the next question.

MS. BOUTTÉ: Okay.

(21:31 End of Raw Footage 2.)

(21:29 Begin Raw Footage 3.)

MS. JOHNSON: Marie, why don't you kind of sum up your work.

MS. BOUTTÉ: In summary, I would say that in Nevada, it is very difficult to separate what happened, the effects of atomic testing, from what might be the potential effects of Yucca Mountain.

We have been exposed to radiation in the past, and with the potential of being exposed from radiation from Yucca Mountain, it would be impossible to separate the two exposures. And, I argued to the Department of Energy, we've carried the nuclear load before, now they're asking us to carry it again. That makes this project much more complex for us than it might be if this was placed elsewhere, because we already have effects.

(21:30 End of Raw Footage 3.)

(21:33 - Begin Raw Footage 4.)

MS. JOHNSON: Marie, I know you never got a chance to tour Yucca Mountain, but you did get to tour the Nevada Test Site. Can you tell us about that experience?

MS. BOUTTÉ: Yes. As part of my work in the counties, actually Lincoln County arranged for me to take a tour with them of the Nevada Test Site. I have to tell you, I've actually got a picture of this. This is the most amazing thing I have ever seen. The Sedan Crater--

MS. JOHNSON: Sedan Crater?

MS. BOUTTÉ: The Sedan Crater, I keep this here because I show it to students. They cannot believe that this

crater raised 12 million tons of radioactive debris. And, it was so much debris that Ely had to turn its street lights on at 4 o'clock in the afternoon. And, so, looking at these kinds of things out at the Nevada Test Site just puts this all into perspective of the impacts of the past.

And, I just--I'm anxious at some point, perhaps to even see Yucca Mountain, because of these impacts, it's just amazing. I think I'll put it like that.

MS. JOHNSON: When you were on the tour of the Nevada Test Site, which I have also taken, when you saw those buildings that still were standing there that you see in the testing movies, what was your reaction to that?

MS. BOUTTÉ: Well, I see these films all the time. I have a huge collection of these atomic films. I probably have one of the largest collections of atomic films there are.

MS. JOHNSON: Oh, I didn't know that.

MS. BOUTTÉ: And, I am always just amazed. But, I have to tell you the students when I show--I teach this in class, and when I show this in class, what they always sort of mostly pay attention to is the animal testing.

MS. JOHNSON: Oh.

MS. BOUTTÉ: The buildings and the rail lines and all of that, they can understand. But, when they show the animals being tested, they do not like that at all. And, so,

going there, you could get a sense of how much went on there, and until you go there, you don't see the extent of how much testing was done. And, this one in particular. And, I'm amazed also at my students whose grandparents were here, their grandparents have been here, and they know nothing about any of this.

MS. JOHNSON: Really?

MS. BOUTTÉ: Yes. And, that's why I purposely include it in my classes, and I show a film, an old film from Nightline, with Peter Jennings, called "Cover Up At Ground Zero." And, the film talks about, for example, the downwinders, and it talks about the atomic soldiers, and it talks about the Nevada Test Site workers, and it shows their exposures, and it shows many interviews with them about the health effects that they perceive that they have out there.

And, so, I don't know why it's not taught more in our schools as part of Nevada history. I purposely do it because I want students to know. And, then, I've had students back and say gosh, my grandparents, in fact, I had a student come recently and say, "I didn't know it, but my grandparents actually applied for compensation."

MS. JOHNSON: Really?

MS. BOUTTÉ: Yes. And, then, we would talk about the problems that people have had getting compensation.

MS. JOHNSON: Well, tell us a little bit about

that.

MS. BOUTTÉ: Yes, sure. In fact, I published an article in "Human Organization" about the problems that downwinders, people, families who live downwind from the Nevada Test Site, and basically there were three major problems they had from the compensation legislation. One is that the criteria is so complex that they generally have to hire attorneys to help them get documentation. And, that's very difficult. Again, more difficult as time passes.

The second is, so the complexity of the process, and the amount of money. Downwinders, $50,000, at least initially. And, other groups, for example, the uranium miners, got more. The Test Site workers got more. And, what that does is it splits the community, because in some families you might have a soldier as well as a downwinder, and they're both getting different compensations. And, that splits families.

Then, the third--I've kind of--let me think. I can't remember the third.

(21:37 End of Raw Footage 4.)

(21:53 Begin Raw Footage 5.)

MS. BOUTTÉ: Yes, I had forgotten the third. But, let's see, it's the strict and rigid criteria, is one. The amendments to that Act has corrected some of this. For example, in this particular case, strict and rigid criteria,

just as an example, the original law said female breast cancer. But, I interviewed a man that had male breast cancer, and he fit all of the criteria, but because the law said female, he didn't get compensation. Now, with the new amendment, then that was covered. It just says breast cancer.

And, then, the--yeah, I'm glad I had this because the second is the complexity of the application process. That's where they need an attorney, and then the amount of compensation. And, the amount of compensation has really worked to kind of split families in many ways, and groups, whereas if everybody came together, they probably would have been more effective. But, that just kind of split people. But, this compensation issue is still a very active issue.

MS. JOHNSON: Well, in fact, this is a copy from our impact assessment report, and this is--that was in the Eureka Sentinel this spring of 2011 to let people in the area know that they could get a cancer screening.

MS. BOUTTÉ: Yes.

MS. JOHNSON: But, that's just a screening.

MS. BOUTTÉ: Yes. Yes. From the University of Nevada School of Medicine. There is funding in the Compensation Act for that, and so the School of Medicine wrote a grant, and they are doing some screening for that.

Actually, also in communities, you will still see

attorneys with posters up soliciting people if they need assistance with the compensation process. So, compensation has been a real issue. Right now, I'm writing about the problems that atomic soldiers are having in getting care through the Veterans Administration and compensation.

MS. JOHNSON: Well, Marie, in our--in Eureka County's Draft Environmental Impact Statement comments that we did in 2000, we included the mitigation measure request for baseline health assessment and compensation fund. We identified that this was something that Eureka County and the other counties would need if Yucca Mountain came. And, we included a reference to a story in the Las Vegas Sun January 8, 2000 as an analogy. The article said that many veterans' widows cannot find evidence that their husbands' participated in secret experiments related to the effects of radiation on battlefield soldiers. Without such records they cannot request compensation.

Pat Brody, the wife of deceased veteran Chuck Brody, said, "The government is waiting for us all to die." She said, "When they ask for compensation for disability, and indemnity in compensation from the V.A., government officials say prove it. They've got the documents. We don't have the documents. They've got the proof. We don't have the proof." That seems like a Catch 22.

MS. BOUTTÉ: Yes, it is. And, I have spent many

hours with Mrs. Brody, interviewing her for some writing that I'm doing about the soldiers. And, yes, in fact out of the groups, the uranium miners, the Test Site workers, the downwinders, the veterans are having the most difficult time, partly because they were part of provisional units. In other words, they were pulled from several different units and sent then as a provisional unit. Then, after they had participated in the atomic testing series, they were then sent back to their original units. That really made it harder to see patterns of illness among the soldiers.

MS. JOHNSON: I see.

MS. BOUTTÉ: Yes. And, also, they were--all the atomic soldiers signed a secrecy oath at the time, and that was not lifted until the early Nineties, until the early 1990s was that oath lifted.

And, it's so complex among--to figure out the steps in the V.A. process. I was looking the other day, I think it's like 23 steps that application would have to go through in order to be approved. So, the atomic veterans and their wives and widows have just--it's almost unbearable what they have to go through.

I've been interviewing the atomic soldiers now for about four years. I go to their meetings, the National Association of Atomic Veterans. And, a few years back, I took one of my graduate students, and she wrote her public

health thesis on the wives and widows, and their problems of getting compensation.

Also, what people don't realize, in 1974, there was a huge fire in St. Louis, and millions of military records were burned. So, for them to prove this strict criteria, and for them to find documentation is almost impossible.

And, the other thing, if you think about any of these groups, any of these four, let's say, exposed groups, their ill and family members need to take care of their ill loved ones, and then trying to fight for compensation on the side of taking care of ill people just seems unbearable.

MS. JOHNSON: It's hard enough getting through the medical system these days.

MS. BOUTTÉ: Yes. In fact, I may in fact, I will use that quote that you just used from Ms. Brody, because I really do believe, and she believes that they're waiting for them to die.

MS. JOHNSON: Yes. Well, that quote has been very helpful to use because we've been able to, in just a very couple of sentences, to say you know, try for compensation or die first.

MS. BOUTTÉ: Yes.

MS. JOHNSON: And, that really conveys to the public what the conundrum is and the irony.

MS. BOUTTÉ: Yes. And, also in the past, the

Radiation, RECA, Exposure Compensation Act, really means that each individual has to go for compensation. I argue in this publication that I did that basically the states, the State should go for compensation, should ask for compensation. They should have asked for compensation in the past, and I would argue they need to ask for compensation should Yucca Mountain have gone forward.

Counties themselves should have asked for compensation, because the State and the counties, they're the brunt if health problems arise. And, for example, the Nevada State Health Department, if they had been funded, could have been very helpful to rural communities to identify whether or not--one of the problems is perception versus actual. People perceive health problems. But, we have evidence from the epidemiological studies that we have thyroid problems, that we had leukemia problems in the past.

And, given the complexity of all that, though, I believe it's necessary--well, I would say it's to spread the compensation out. Families need to be compensated. Counties need to be compensated, and the State needs to be compensated. And, I think, for example, the State of Utah was very--they were better at getting compensation from the government for radiation. They actually have a really good cancer institute, and I think in part that came from funding from the government. And, we just did not get that. The

Marshall Islanders, for example, our government paid the Marshallese and the Marshallese' governments. We paid Japan when we would shot (inaudible) and we contaminated the tuna industry.

And, the men who were on the lucky dragon boat, we paid the widow of one of the men who died. We didn't call it compensation. We called in condolence money. But, when you talk with downwinders, they say look, what they really will say is that we paid the--they say the islanders and we paid Japan, now, when is it so hard for them to pay us. And, there's no answer for that.

MS. JOHNSON: No, there isn't.

MS. BOUTTÉ: There is no answer for that. But, the State and the County ought to be compensated because of the brunt of the cost that results from these situations.

MS. JOHNSON: I like the term "condolence."

MS. BOUTTÉ: Yes, condolence.

MS. JOHNSON: It really conveys much more than what's in it for me compensation. It conveys the loss.

MS. BOUTTÉ: It does, but it also, though, does not assume responsibility.

MS. JOHNSON: Right.

MS. BOUTTÉ: That's the point. In fact, what I talk about in this article and in my class is there's really four forms of redress for communities. There's an apology.

I'm just sorry it happened. And, in the first line of the RECA Act says, President Clinton says, "I apologize on behalf of the nation." And, that's important, because he didn't apologize, he apologized for all of us on what happened during the atomic testing.

And, then, there's apology and money. And, then, there's just money. And, then, there are, again, these resources given to the community.

MS. JOHNSON: Yes.

MS. BOUTTÉ: Now, it doesn't matter whether people are given money or not. What they want also is an apology, because the apology says I did you wrong, or there was an injustice, at least people feel there was an injustice, and the government says I'm acknowledging your feelings about an injustice. And, that's what people want, is they want that apology.

And, with the RECA Act, we actually got both, but it only went to individuals, and it did not go farther to the County, or the State. And, I believe that everybody who bears the brunts of what happened, should be compensated.

MS. JOHNSON: Well, there's an additional issue, too, that if you had a functional health management program, let's say at the state level, that it's not--it would not be run by the people who had done it to you.

MS. BOUTTÉ: Yes. Yes.

MS. JOHNSON: It would be removed from that. It would be more neutral.

MS. BOUTTÉ: Yes. In fact, in the Marshall Islands, they have a nuclear tribunal, for example.

MS. JOHNSON: Yes.

MS. BOUTTÉ: We could have a state tribunal. But, also, what's interesting--

MS. JOHNSON: A medical clinic.

MS. BOUTTÉ: Yes, but what's interesting, though, about RECA, the Radiation Exposure Compensation Act, is it's administered by the Department of Justice. Now, the Department of Justice was the department that was involved in all the lawsuits when all the groups brought lawsuits against the government. The downwinders brought lawsuits, the veterans brought lawsuits, the workers brought lawsuits, everybody brought lawsuits, and they were not successful. But, it was the Department of Justice that fought those--

MS. JOHNSON: Right, that defended their clients.

MS. BOUTTÉ: Yes. And, now, the program is put in their hands. I believe it should have been put in the health, or another agency, but certainly not that agency. I even argued that in this article that I published, that that's the last one that should have been given the program, was the Department of Justice. And, so, they are very strict about this criteria.

MS. JOHNSON: Well, I think some Nevadans think that giving the Department of Energy the responsibility for Yucca Mountain, when their predecessor, the Atomic Energy Commission, had done so much damage to Nevadans from the testing is a similar kind of irony.

MS. BOUTTÉ: Yeah. I will say, though, that now the--at least for a while, the Department of Energy was much more open with their records. Actually, under O'Leary, the Clinton Administration was very open, and that helped a lot to bring forward a lot that we now know about atomic testing, about medical experimentations with radiation, and all of that. And, the archives, the DOE archives in Las Vegas, every time I've been there, they have been very helpful. I've never felt that they have held anything back. They have been move helpful of anything I have ever asked for. I have not asked for Freedom of Information material, but the material that I have gotten, they've been very helpful with it. Very helpful.

MS. JOHNSON: We've been interviewing people in Eureka County, and they have told us that they remember the government coming to test the milk, and Ron's grandmother would put the sample in the jug, and somebody would come get it. But, they never found out what the results were. Commissioner Itheralde said that as a third or fourth grader, he went to the top of Pinto Summit, and they had little

badges or meters, or something, around their necks as they watched the sunrise to the south, which was the atomic blast. Is it possible to find that information?

MS. BOUTTÉ: It probably is. It would take a lot of digging, but it probably is because I've been amazed at the amount of information that they kept, that they collected and they kept and they have in their archives. And, I have gotten, actually, some records that have shown radiation levels. So, I think it is possible, but it would take an--the individual would have to dig it and find it themselves. People are not going to come forward with this information.

MS. JOHNSON: If they didn't at the time--

MS. BOUTTÉ: If they didn't at the time--

MS. JOHNSON: --when it was most useful, it wouldn't--they're not going to do it now.

MS. BOUTTÉ: Yes, they're not going to do it now.

And, the other thing that I think is important to talk about is that radiation went country-wide.

MS. JOHNSON: Yes.

MS. BOUTTÉ: And, it's an issue of who gets compensated. And, so, information is there all across the United States, but--and, it's there, but it would take a lot of digging to get at it, and they're not going to bring it forward because again, I don't believe the government is going to help you get compensation.

MS. JOHNSON: Let's move on to the next question.

(22:07 - End of Raw Footage 5.)

(21:59 - Begin Raw Footage 6.)

MS. JOHNSON: Marie, in your research, what differences did you find within the community regarding the atomic testing as a project and the Yucca Mountain Project?

MS. BOUTTÉ: Well, during atomic testing period, people were very patriotic. That was the Fifties and the Sixties. And, people seemed to understand that there might be a need for testing. Initially, especially in these small Mormon communities, there was much support for atomic testing. Like you say, they went out and they watched it.

But, then over time, as health problems started to arise, then the communities started to not be so homogeneous in thinking about the testing, especially families that started having health problems, children with leukemia, for example. And, then, when they identified that the leukemia could possibly be due to the atomic testing, then the communities started getting conflict in it. But, initially, those communities were all very supportive of testing.

With Yucca Mountain, it was a split from the beginning, it seems, again, from the people who had been here for a while during the testing, and those who had moved in. And, those who see it as an economic asset, people really didn't talk about the Nevada Test Site, nuclear testing as

being an economic thing. It was not for economics. But, people talk about Yucca Mountain as it's an economic need in these rural communities that are suffering economically.

And, so, the purpose of each project is different, and that has worked to split the communities in different ways, I would say.

I would like to say--I'd like to read a poem from a woman in Caliente that kind of gives an idea of what the communities are still suffering from in terms of the testing, and even now thinking about Yucca Mountain. This was a poem written by--she wrote it in 1993, Margaret Sibley wrote this, and she gave me permission to use it in this latest--I actually wrote a chapter in this book, "Half lies and Half Truths," and it's a book of confronting the radioactive legacies of the cold war, and it's written all by anthropologists.

And, of course, we always look at the culture aspect of this, and so this is an interesting edited book, and so I wrote a chapter here, and here is her poem. "The cool breeze and fresh air, a small town atmosphere. Caliente is a beautiful place. Its name came from the warmth of the water, not from the heat of the sun's face, yet since the nuclear years of the arms race, Caliente is not such a nice place. The radiation level is of course too high. It has caused many family members and friends to die. Cancer is the

leading disease which plagues the people here, and it's what everyone has come to fear."

And, so, there's this level of almost a constant level of fear in communities about, you know, because of the long latency period of cancer. So, it takes a huge psychological load, you might say, is placed on communities that have suffered from this. And, they were there. They saw it. And, they feel very--there's a sense of anger, as well. They were patriotic, and then they feel--the government says they could have compensation. They've gone for compensation, but it's been very, very difficult to get it. And, now, here's Yucca Mountain, they can't--and, they tell me they can't trust the government that they'll do the right thing. They thought they would have done the right thing in the testing, and they didn't. They don't feel now that they did do the right thing toward them, and now there's fear that they're not going to do the right thing by them if something should ever go wrong with Yucca Mountain. It's that past experience that's shadowing them on this next project.

MS. JOHNSON: And, then, Marie, as a medical anthropologist, you observe this situation. So, what kinds of conclusions do you draw from that in terms of how these projects should go forward?

MS. BOUTTÉ: Well, one of the things I highly

recommend for communities and community leaders is self-education. They really need to learn about radiation, what it does, what protections are. Every community needs to self-educate about any impacts that may come its way.

I teach a course on toxic communities and public health, for example, and we talk about popular epidemiology, which is quite different from scientific epidemiology. But, that's where communities take a role in identifying their own health problems, getting help from the outside for themselves. And, so, I'm always for community empowerment. And, as an anthropologist, I often can help communities articulate the voice they'd like to go forward, you might say. So, I have spent a lot of time educating people in communities about how do you deal with agencies, for example, not just federal agencies, but how do you deal with state agencies.

I had some experience in Ely with the state when the prison went there, and they had negotiated certain things for the prison. But, they negotiated before they really understood prison industry. And, so, a lot of our communities don't understand, let's just say nuclear industry, and what that means for them, and what does it mean to have a certain amount of money. What are the other aspects of that.

And, so, I feel as an anthropologist that I can

actually act as what we would call a cultural broker. I can work with the DOE. I can work with the state agencies. I can work with the communities. But, communities need to take responsibility for their own empowerment in terms of educating themselves about what can happen, and to be able to mediate, because these are face to face communities where everybody knows everybody. You need to depend on your neighbor a lot of times. And, you can have disagreements for sure, but how do you come and solve those disagreements and still remain neighbors and friends.

I'll show you, I've kept this for a long time. When I was in Caliente, I was struck by--there were many people who were very--they were opposed to Yucca Mountain or they were for Yucca Mountain, for example, and they would be right next door to each other. And, I've always saved this poster. "Do we oppose nuclear waste in Lincoln County? You bet. Our families are not expendable." But right next door would be someone who was fully supportive of Yucca Mountain. And, they'd lived together for years and they were going to continue to live together for years.

But, I think older families in Nevada are better at that than newer families moving in. They don't have that history of negotiation among families and communities. But, anthropologists can help a community to figure out what it needs to know and how do you go about getting it, and carry

out these kind of studies.

And thinking about the culture, like in Ely, I talked about the culture of corrections. Culture of mining. Culture of ranching. And, what we have then when these big projects come in is we have a clash of cultures often. And, often communities, when they say they're going to employ so many people, they think people from that community will be employed. But, that's not necessarily true. It depends on what expertise is needed. And, so, anthropologists are very good at cultural brokers when these big kinds of projects come in.

MS. JOHNSON: Let's move on to the next question.

(22:07 End of Raw Footage 6)

(21:59 Begin Raw Footage 7)

MS. JOHNSON: Marie, you've been so helpful to us in this interview. Thank you so much for your time.

MS. BOUTTÉ: Well, thank you for inviting me to participate.

(22:00 End of Raw Footage 7)

(22:00 Begin Raw Footage 8)

MS. JOHNSON: Marie, so we're going to be using the footage in two ways. One as the interviews on DVD for researchers, they'll be put in archives, and the other is to take some clips, short clips for the web. So, do we have your permission to use the footage that way?

MS. BOUTTÉ: Yes, you do.

MS. JOHNSON: Thank you very much.

(22:00 End of Raw Footage 8)

TRANSCRIBER'S CERTIFICATE

I hereby certify that the foregoing has been transcribed by me to the best of my ability, and constitutes a true and accurate transcript of the mechanically recorded proceedings in the above matter.

Dated at Aurora, Colorado, this 3rd day of July, 2011.

s/s Mary Chevalier

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