

MARSHALL ISLANDS WOMEN'S HEALTH ISSUES

NUCLEAR FALLOUT

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Health concerns have been an ongoing battle between the United States and the Marshall Islands. On March 1, 1954 the US exploded an atomic bomb, code named Bravo, that dropped its irradiated nuclear fallout on populated islands of the northern Marshalls. The immediate results were burns, hair falling out, and nasty sores that did not heal, and subsequent stillbirths and jelly baby births. The long-term results were cancers, especially high rates of cancer of the goitre, and goitre nodules, with the ongoing effect on stunted growth and reduced immunities of children born 20 and 30 years after that event.

The women of these two irradiated atolls, Rongelap and Utrik, have fought with Washington to acknowledge that these conditions were linked to radioactive fallout that contaminated their lands. Finally in 1987 under the Nuclear Claims Tribunal set up to hear claims for compensation by the Marshallese, some 32 types of cancer have been admitted as compensable by the US. That Nuclear Claims Tribunal is being wound up in 2004, leaving the claimants with incomplete payments, and little funding for ongoing monitoring of their health conditions. We have just learned (Yokwe on Line Feb 2) that the RMI and NCT have "found money at the 11th hour to keep the 177 Health program going". US funding expired on Jan 31, 2004. The programme is extended to Sept. 30, 2004, using \$2 million of US grant money to RMI. The women, men and children of these two atolls are faced with a diminishing health service while their health problems continue.

In this paper I will outline four issues within this complex issue, as I perceive them. The women are mainly concerned about their children, as I will elaborate. Secondly their own health, and reproduction requires ongoing monitoring. Thirdly, the young women, particularly on rural atolls, are bearing children before their bodies can adequately nourish the infant. And fourthly the women play a major caring role for the men and children and young people in their families; this is hampered when the women are sick or debilitated.

Thus continuing health care for these women is of prime importance for the future welfare of the Marshall Islands population.

Background

Marshall Islands women have been stating their case for 30 years now. Darlene Keju Johnson drew international attention in the 1980s to their concerns and the inaction and nonchalant attitude of the US that she perceived and experienced. She died in 1996 aged 44, childless as a result of exposure to radiation. She was born on Wotje, south of the 177 atolls, an atoll which the US claimed had not received radioactive fallout.

Bravo, the hydrogen bomb that the US exploded over Bikini on March 1, 1954, was five times larger than the bomb the US dropped on Hiroshima. It was one of 68 tests that the US carried out between 1946 and 1962 in order to strengthen their nuclear arsenal and thus give them strategic military advantage in the Cold War. That testing programme continues today, though the focus has shifted to inter-continental ballistic missiles, and interceptors. The US continues to use Kwajalein atoll in the Marshalls as a vital part of this strategic defense programme, paying 'rent' to the Marshall Islands government for the privilege of doing so.

Fallout from Bravo was supposed to fall harmlessly on the ocean northwest of Bikini, but a wind change blew the fallout on the atolls of Rongelap and Utrik. Both atolls were inhabited at the time. Those people have graphic stories to tell of the "snow" that fell that day, and their cursory treatment by the US military. Both populations were moved off their islands briefly, but returned to spend the next 30 years enduring the effects of irradiated soil and plants.

Claims for compensation by these two populations and the people of Bikini and Enewetak have been brought before the Nuclear Claims Tribunal in the last three years. The Bikini and Enewetak people who had been removed so that the US could use their atolls as bases for testing these bombs each presented their particular case to the Tribunal, and were awarded compensatory sums. The people of Rongelap and Utrik also presented their cases which included the suffering endured as a result of their continued residence amongst the radioactivity in the soil and plants of their lands. Those compensation claims have been only partially paid out.

Compensation claims by people of atolls south of these four have been added to the 177 atoll claims, but they too are only partially paid up as the Nuclear Claims Tribunal has not received adequate funding from Washington.

RMI chose a form of independence in 1983 that continued their relationship with the United States, but severed the ties through the United Nations Trust Territory established after World War II. A Compact of Free Association was drawn up between RMI and the US and signed in 1987 to last for 15 years. Within that Compact Section 177 dealt with the nuclear claims issues. A Nuclear Claims Tribunal was established, with funds to compensate for the effects of acknowledged deleterious effects of the US nuclear testing programme. That first Compact ran out in 2002, but was rolled over for a year, until a new, second Compact was finally signed in November 2003. The Nuclear Claims Tribunal was no longer included in that second Compact, so there are no channels for processing compensation claims.

The Marshall Islands entered the Compact of Free Association in order to obtain a source of revenue. As 26 atolls with few resources to support a population of 58 million (2003), the government needed a financial base. The US is adamant that it wants to continue to use Kwajalein for its nuclear testing programme. The Compact is a deal whereby the Marshalls

allows the US the use of Kwajalein in return for a sum amounting to rent, that pays the basic bills for RMI (70% of its cash flow).

Within both Compacts there are clauses that specify funding for health and education. Funding for the special programmes for the four northern atolls was designated as a specific section, Section 177. These atolls have received annual monitoring of the health of those 'exposed' in 1954, together with special health facilities. Those with goitre nodules have either been sent to US mainland hospitals, or for small nodules have received laser treatment. Under the new Compact the mainland referrals will completely cease.

THE OUTSTANDING QUESTION IS WHETHER THE HEALTH PROBLEMS CEASE
WHEN A NEW POLITICAL COMPACT IS SIGNED?

What does this political manoeuvring mean for women's health?

I will briefly address four outcomes

1. Women's concerns for their children:

Children are the women's number one concern. They suffer health defects such as stunted growth, and reduced immunity to diseases. The women are particularly concerned that their children are eating local food which still contains high levels of radio-nucleides, thus perpetuating their exposure to radiation.

At the time of Bravo in 1954 the thinking of nuclear physicists and others was that those directly exposed on that day of fallout would experience radiation burns etc. but that the next generations would not be affected. The Brookhaven National Laboratory, the health programme the US funded to monitor annually these 'exposed' populations established a counter group they labelled 'unexposed', i.e. those not present on March 1, 2 1954. The question of whether they were using the Marshallese for 'experimental' purposes has become highly contentious.

Whatever the case the children were not expected to suffer any effects of radiation. It was not expected that health problems would occur in second and third generations. Nor was it expected that that fallout from Bravo would have contaminated other atolls than the four northern ones. Thus children were left out of the original monitoring, and their symptoms dismissed as unrelated to radioactivity exposure.

But those children have shown with cancers. They have been operated on since the 1980s mainly for nodules on the goitre. Many young people show the scars. One 19 year old died of leukemia in an eastern US hospital in 1972. Other children die before reaching maturity from apparently non-radiation causes. Many children are smaller than their counterparts in the rest of the world, some say because of the effects of radiation on the pituitary gland. Proving the link with radiation varies between medical personnel and health physicists.

The major unsolved issue is whether children are receiving their radiation dosage through their genes, or from their environment. The amount of radiation remaining in the environment, in the plants they eat, is said to be minimal. But is its cumulative effect more drastic on small bodies weakened by earlier exposures? We don't know. But the

Marshallese women are very concerned for the health of their children, and subsequent generations.

HOW MANY GENERATIONS WILL CONTINUE TO BE AFFECTED?

2. Women's reproductive health:

Women from Rongelap reported to the health monitoring teams that they were producing “jelly babies”, but their concerns were dismissed as not radioactive related. There was no proof. These mal-formed fetuses expelled after four or five months of pregnancy, though sometimes full-term, were very distressing to these mothers.

Marshallese women have been prolific. Ten or 12 births per woman were usual, with most of those growing up to reproduce themselves. Children are much wanted and much loved.

To see those children sickly and die is very stressful for the mothers, as is the ongoing care of those that struggle to survive. I have recorded women who have had six or eight pregnancies, with only two of those resulting in live births and health children.

Women's endurance of these incomplete pregnancies has been largely unrecorded, nor acknowledged. They were initially denied as compensable by authorities. But the women were convinced they were linked to the “pisin”. But the largely male health teams from Brookhaven failed to acknowledge these in their annual reports.

Women have also suffered from goitre nodules, resulting from excessive iodine from nuclear radiation. The effects on their pituitary and thus their hormones has received little attention. Even the label used, hydatidiform cysts, avoids reference to any link to pregnancy. These women have had operations in the US to remove the goitre nodules, or laser treatment. But the side effect and correlated health problems are not well recorded or treated by medical authorities. In a women's Health survey in the Marshall Islands conducted by the South Pacific Commission in 1987, women spoke of pelvic abnormalities, excessive bleeding, menstrual irregularities and back pain that they have endured.

PROVIDING GREATER SUPPORT FOR WOMEN'S HEALTH PROBLEMS IS VITAL,
PARTICULARLY FOR REPRODUCTIVE HEALTH – EVEN THOUGH THIS MAY
CLASH WITH FAMILY PLANNING GOALS!

3. Teenage pregnancies:

Teen-age pregnancies are one indirect outcome of the health system, or lack of it. A high proportion of funding has been spent in urban centres of Ebeye and Majuro, while outer island health clinics are vastly under resourced. The urban hospitals are heavily over-worked, in need of new facilities, and yet attract a high daily attendance rate (Marshallese do not use doctors, other than those in the hospitals). They provide for both the urban and outer island populations, and thus are a major node in urbanisation as the sick person is accompanied by two or three family members for the duration of the illness. Some women from outer islands journey to one or other of these major hospitals for their deliveries.

Contraception and health education is minimal on outer islands for young people, and fails to reach the urban youth. The desire for the child outweighs any pills or regulation of pregnancy.

Many teenage pregnancies result in the death of the infant. The baby may be full term and alive at birth, but the mother's young body at 12 or 13 years lacks the stamina and nutrients to give it a good start in life. She has minimal breast milk and there are no milk substitutes available on outer islands, and they are expensive. So the infant is fed 'sloppy rice'. It may survive two weeks or a month, but often succumbs within its first year of life. These infant deaths often go unrecorded.

If those young bodies have been further debilitated by exposure to radiation, then the situation is further exacerbated. The pregnancies take a severe toll on young under-nourished bodies, and may weaken her system for producing healthier bodies subsequently. This problem has been inadequately addressed. Provision of contraceptive and educational material, plus better nutrition would help. But it does not override the joy in the baby.

Putting up children for adoption by Americans who pay the mother for the child is receiving considerable press attention, as Marshallese seek to stem this trade in their children. A bill is before the Nitijela (Parliament) to make the trading illegal. But when the terminating US Ambassador is photographed on the front page of the local paper carrying 'his' Marshallese child back to the US, the wrong image is conveyed.

**ACTION REQUIRES SUPPORT FOR THIS BILL TO PREVENT THE ADOPTION BY
SALE OF MARSHALLESE CHILDREN TO NON-MARSHALLESE ADOPTERS.**

4. Women as carers:

A major proportion of health care falls on women in their households. The health problems of their children, and grand children, and themselves, and their husbands all fall heavily on women as carers. Men, women and children alike have suffered from goitre nodule and other cancers as a result of radiation exposure. They must be cared for in the first instance by the women.

While many of the day to day household chores such as cooking and washing clothes are carried out by the young women of the household, the older women carry the responsibility for the ongoing care of household members. They must decide whether a sick member can be adequately cared for at home, or requires hospital treatment. If such a trip is deemed necessary, or advised by the health aide, then at least one adult woman will accompany the sick child or person. This then places more stress on other household members.

When a male member of the household get sick on an outer island, it can drastically impair the nutritional status of the household, which may already be marginal at best. The men catch fish and gather food for the household, so an incapacitated male, whether husband or son, or nephew, places a stress on the protein supply.

Women's caring role is largely unsung. It is not the source of complaint by women, but can be recognised by a visitor used to a range of specialty health services available to a household in New Zealand or the US. The women must deal with tooth-ache, or scratches and sores,

and even broken limbs, as well as coping with symptoms of internal ailments that are not readily understood.

Radiation sicknesses have become more familiar to these women over the intervening 50 years. They have developed their own means of dealing with these. They have also had to put up with the denial and dismissal of their claims by outside health officials. Their information needs to be acknowledged and appreciated.

Conclusions

Radioactivity has left many health problems in the Marshall Islands, particularly for the women. Only some of these have been acknowledged. Others have been dismissed as whims of 'primitive' people or stemming from ignorance.

But coping with sickness in others and herself is part of everyday life for a Marshallese woman. The range of types of sickness, particularly cancers, has increased as a result of exposure to nuclear radiation. Outsider medical personnel acknowledge this much. The problems are ongoing, not restricted to the first generation 'exposed' as first thought.

It is ironic that the US spends billions of dollars annually to test the nuclear devices as preparedness weaponry, yet it claims it cannot afford \$740,000 dollars to monitor and treat those Marshallese exposed to fall out from testing that weaponry.

The logic behind such cuts is beyond belief. At most it is unethical and uncaring.