

**Statement on behalf of the People of Utrok Atoll to the House
Subcommittee on Asia, the Pacific, and the Global
Environment
Washington D.C., May 20, 2010**

Presented by: Minister Amenta Matthew & Mayor John T. Kaiko of Utrok
Atoll

**I.
Introduction**

The impact of the Nuclear Testing Program on Utrok Atoll has been devastating. The lands of Utrok were blanketed by deadly radioactive ash from bombs ignited at the nearby Pacific Proving Grounds. The people of Utrok were exposed to levels of radiation several thousand times greater than that permitted in the United States under current Environmental Protection Agency regulations. The result was tragic. An epidemic of cancer, thyroid disease, birth defects and other health related complications swept through our community. Past remedies can be characterized as too little, too late, or nothing at all. Early medical programs were tailored to the needs of research scientists, and not healthcare. No clean-up was ever initiated, and other remedies have fallen short of what was needed. Today the Utrok Atoll Local Government seeks funds to clean-up the residual radiation on Utrok to provide adequate supplies of uncontaminated food for all of its people, funds to clean-up its homeland, and sufficient compensation for the suffering endured by the people of Utrok over the past decades.

**II.
The history of Utrok and the Nuclear Testing Program**

On the morning of March 1, 1954, the people of Utrok were thrust into the Nuclear age without warning. In the nearby Pacific Proving Grounds, the largest device ever tested by the United States was detonated. Deadly radioactive particles from the thermonuclear test, code named 'BRAVO' rained down upon the Utrok people within hours of the explosion. These particles looked like a very thick fog or mist and blanketed the entire atoll. No warning was given, nor were the people told that this 'fog' was in fact deadly radioactive ash. Unaware of the danger, the people went about their daily lives. They consumed food and water laced with radiation, breathed air filled with deadly particles and slept in houses covered with nuclear ash. Unknown to them at the time, the people of Utrok received an acute exposure estimated at approximately 50 rem (50,000 mili-rem) over a three day period. This exposure is over 3,000 times greater than annual exposures permitted by the US Environmental Protection Agency.

Three days after the test, the U.S. navy ship, the *USS Renshaw* came to evacuate the Utrok people. They were told that they were being evacuated because the mist that

fell on Utrok was “poison” and they needed to leave. Over the next three months 5 more thermonuclear weapons were tested as part of the Castle series of tests, and more radioactive ash fell on Utrok atoll. Seven days after the last test, the people were returned to their badly contaminated atoll with assurances that it was a safe place to live. It is doubtful that these representations were sincere. In 1956, at a classified meeting of the Atomic Energy Commission Advisory Committee on Biology and Medicine a highly respected U.S. scientist, Dr. Merrill Eisenbud, said Utrok was “*the most contaminated place in the world...*” and “*it will be very interesting to go back and get good environmental data, and determine what isotopes are involved, so as to get a measure of the human uptake when people live in a contaminated environment.*”¹ His view of the Utrok people was revealed in his statement that “*while it is true these people do not live, I would say, the way Westerners do, civilized people, it is nevertheless also true that these people are more like us than the mice.*”²

In the decades that followed, this pre-mature return to Utrok had devastating consequences. Most every families have lost a member to cancer. Miscarriages, stillbirths, and mutations ravaged the community. Before the bomb stillbirths were almost unknown, with only 1 recorded case. After 1954, 15 cases were reported. Miscarriages were also rare in the years prior to the testing. Only three miscarriages were documented before the testing. After 1954, that number increased to 41, well over ten times the pre-testing number. Additionally, many children born after the testing suffered from mutations.

Bella Compoj, in a 1981 interview about life after Bravo stated:

I recall seeing a woman named LiBila after our return and her skin looked as if someone had poured scalding water over her body, and she was in great pain until she died a few years after “the bomb.” LiBila had a son two years after ‘the bomb’ who died a few months after birth, and I remember that his feet were quite swollen and his body was burning--the AEC (Atomic Energy Commission) doctors said he died because of the “poison” (“radiation”). Also, after our return to Utrok, Nerik gave birth to something like the intestines of a turtle, which was very sticky like a jellyfish. Soon afterwards, many other women would be pregnant for about five months and then they turned out not to be pregnant after all. I too thought that I was pregnant and after three months I found I was not. This was quite new for the women here, and this never happened before the bomb.

The nightmare of severely deformed babies continues to plague Utrok. In 2005, five babies were born with terrible mutations, such as swollen heads, no ears, and other malformations. All of these children died within weeks of their birth.

¹ Meeting of the Advisory Committee on Biology and Medicine, on January 13-14, 1956, at page 232 of the de-classified transcript.

² Meeting of the Advisory Committee on Biology and Medicine, on January 13-14, 1956, at page 232 of the de-classified transcript.

Today Utrok remains contaminated with residual radiation. Many members of the Utrok community are too fearful to reside on Utrok and have abandoned their homes. The dread of knowing that they are living on contaminated land and may at any moment suffer the fate of so many of their friends and loved ones is a nightmare not yet over.

III.

Inadequate response to the nuclear fallout disaster.

Cleanup: Tragically no clean-up was ever conducted on Utrok Atoll. As a result the community endured exposure to well over 100 rem (1,000,000 milirem) in the years after the testing. The Atomic Energy Commission (AEC) and later the Department of Energy (DOE) insisted that no clean up was needed. However, at the same time, the AEC Director of the Health and Safety Laboratory was referring to Utrok as the *"by far the most contaminated place in the world."*³ Thus repeated claims by the AEC/DOE that no clean up was necessary simply lacks credibility. In fact, the evidence points in the opposite direction, and suggests that the Utrok people were intentionally left on a contaminated Atoll so that they may be studied as if they were guinea pigs or lab mice.

Healthcare: a. DOE Healthcare Program : In the wake of the Bravo catastrophe came the research doctors and scientists of the AEC and later the Department of Energy ("DOE"). As predicted by Dr. Eisenbud in 1954, the people of Utrok were not provided with comprehensive healthcare, rather they were the subjects of a scientific research program. As noted by a former resident physician; *"[t]he medical surveillance program as conducted by Brookhaven [DOE] is a research oriented program. Its goal is to focus on the narrow subject of what are the late radiation effects in the exposed Marshallese people."*⁴ Rather than receiving comprehensive healthcare for the entire community, research teams were sent to Utrok for study. As a result the people of Utrok felt that they were the subjects of a scientific experiment. The people *"fail to understand how a doctor can come to their island and say he is only interested in radiation problems and that anything else is the concern of another doctor hundreds of miles away in the district center who they probably never see. It is no wonder that the people say that the survey team has a lack of interest in their general health care needs when the research effort is what the program emphasizes."*⁵

Today the current DOE Healthcare Program is still deficient and fails to meet the needs of its patients.

First, it is limited to radiogenic related illnesses, and thus does not meet all the healthcare needs of the people it serves. Refusal to treat all ailments is a fundamental

³ Meeting of the Advisory Committee on Biology and Medicine, on January 13-14, 1956, at page 232 of the de-classified transcript.

⁴ Konrad P. Kotrady, M.D., THE BROOKHAVEN MEDICAL PROGRAM TO DETECT RADIATION EFFECTS IN MARSHALLESE PEOPLE: A comparison of the peoples' vs. the program's attitudes, 1 January 1977, at page 4.

⁵ Konrad P. Kotrady, M.D., THE BROOKHAVEN MEDICAL PROGRAM TO DETECT RADIATION EFFECTS IN MARSHALLESE PEOPLE: A comparison of the peoples' vs. the program's attitudes, 1 January 1977, at page 5.

structural flaw in the program, as patients today still do not understand why a doctor cannot treat all of their needs.

Second, it is limited to only those people present on Utrok on March 1, 1954. Thus, the program completely overlooks those who returned to Utrok and were chronically exposed to doses of radioactive fallout from July 1954 to the present. For many Utrok residents the cumulative doses over the years exceeds the acute dose suffered in the three days after "Bravo." *"It is believed that a single large dose of radiation and numerous low doses equal to the single large dose have much the same effect on the body."*⁶ As pointed out in the recently issued US President's Cancer Panel Report, and as shown by the rates of thyroid disease and other cancers, a low dose over time may be just as deadly as an equivalent acute dose. Thus the need to provide comprehensive care to the entire population of Utrok is amply justified.

Third, we feel that DOE's decision making process is inclusive and severely restrictive. The medical contractors who are chosen by the DOE which limits input from individuals who represent the patients and seem tied to a mindset that does not prioritize patient participation. Immediate reform is needed to re-structure the health care program to allow for genuine participation and input on the structure of the program. The President's Cancer Panel Report stated that: *"The Advisory Committee on Energy-related Epidemiologic Research (ACERER) should be rechartered, or a similar body convened, to enable individuals exposed to nuclear testing fallout and other nuclear exposures to participate in policy making and other decisions that will affect their healthcare and compensation related to those exposures."*⁷ We believe the DOE program should likewise undergo reform so that the patients have a direct say in choosing their healthcare providers, and such providers will be responsive to the needs of the patients rather than federal government program managers.

Fourth, we think significant inefficiencies exist related to logistics, overhead, and the program's multi-layers of administration. For instance, the medical program is supervised by a DOE field officer, the logistics contractor, the general contractor and the medical sub-contractor. It would seem that a streamlined program could increase effectiveness while saving funds for actual healthcare services. Lastly, we are aware that a recent internal audit was completed on this program, and while our requests for a copy have not been granted, we believe the Committee would find the audit of interest in light of the concerns we are raising today.

b. 177 Healthcare Program: The 177 Healthcare Program provided in the 177 Agreement is designed to provide primary, secondary and tertiary medical services to the people of Enewetak, Bikini, Rongelap and Utrok islands who were affected by the U.S. nuclear weapons testing program. The 177 Health Care Program's design was developed through the US Public Health Service (USPHS) in 1985. While the design of the program by the USPHS is laudable, having essential elements of primary, secondary and tertiary medical care. However, delivery of what was proposed by the USPHS has

⁶ Reducing Environmental Cancer Risk, 2008-2009, President's Cancer Panel, US Department of Health & Human Services, National Institute of Health, National Cancer Institute, page v, in the Executive Summary.

⁷ Reducing Environmental Cancer Risk, 2008-2009, President's Cancer Panel, US Department of Health & Human Services, National Institute of Health, National Cancer Institute, page xvi, Recommendation #8 in the Executive Summary.

been impossible because of limitations in funding and the RMI health care infrastructure. As such, the small annual allotment of funding only allows us to provide primary care within this program. This year's funding for 177 healthcare program is under \$1 million. In 2005, the program was funded at \$2 million. So while the program's funding has decreased significantly, the populations of the four atolls it serves are increasing. Moreover, funding for this program is discretionary, and so without certainty or knowledge of its funding level from year to year we are unable to issue long-term contracts. This results in excessive turnover and additions costs associated with annual repatriation, as well as lack of continuity and experience.

In addition to being woefully under-funded, the program lacks the professional expertise needed to diagnose and treat the exposed population. Since funding for this program is a fraction of what is needed to provide effective treatment, non-specialists are hired from third world countries who have no expertise in radiation or dealing with a population exposed to radiation. *"We're talking about cancers and radiation oncology, and in all the U.S.-associated Pacific there is one oncologist; that person is in Guam."*⁸ The 177 Program simply does not and cannot provide the type of care needed by the exposed population of Utrok Atoll.

In summary, *"...the U.S. has not met its obligations to provide for ongoing health needs of the people of the Republic of the Marshall Islands resulting from radiation exposures they received during the US nuclear weapons testing in the Pacific from 1946-1958."*⁹ The truth of this statement from the President's Cancer Panel Report is amply demonstrated by the lack of adequate healthcare provided to the Utrok community. The people of Utrok feel twice victimized; first by the radioactive fallout, and second by the DOE medical research program, and its inadequate successors, the current DOE program and the 177 Healthcare program.

Nuclear Claims Awards: As with other atolls, Utrok filed suit in the 1980s before the US Court of Claims for the damages caused by the Nuclear Testing Program. As part of the settlement in the original Compact of Free Association jurisdiction was removed from the Claims Court, and transferred to the newly established US-Marshall Islands Nuclear Claims Tribunal. Utrok spent seven years and thousands of dollars litigating its claim before the Tribunal. On December 15, 2006, the Nuclear Claims Tribunal rendered its decision, awarding the people of Utrok a total of \$307,356,398.91 for loss of use of their land, clean up and consequential damages. To date, not one penny of this award has been paid.

The funds provided to the Tribunal for payment of all awards has been exhausted. US Courts have refused to hear the claims of Bikini and Enewetak, citing procedural grounds. As a result, Utrok, and other atolls, have been effectively cut off from judicial redress and denied a chance to have the merits of its claim heard by the US Courts.

⁸ Reducing Environmental Cancer Risk, 2008-2009, President's Cancer Panel, US Department of Health & Human Services, National Institute of Health, National Cancer Institute, Chapter 5, page 83.

⁹ Reducing Environmental Cancer Risk, 2008-2009, President's Cancer Panel, US Department of Health & Human Services, National Institute of Health, National Cancer Institute, page ix, in the Executive Summary.

Currently, Utrok finds itself with an award that was made after a full and fair hearing before the Tribunal, which was authorized under US law to hear the award. However, Utrok has received no compensation as awarded by the Tribunal.

IV. Whole Body Counter

There is also another important issue we would like to address with the Committee. In 2003, the Department of Energy established a Whole Body Counting (WBC) facility for radiological testing of the people of Utrok. Due to insufficient power supply on Utrok Atoll, the Department of Energy located the Utrok WBC on Majuro. As a result, the people who live on Utrok Atoll must travel to Majuro, which is approximately 250 miles away, in order to be tested at the WBC facility. The significant cost of air transportation and inconvenience to travel to Majuro from Utrok has led to infrequent and sporadic WBC testing of the inhabitants of Utrok. Congress acknowledged this problem when it passed legislation in 2004 to transfer a decommissioned NOAA vessel to Utrok Atoll for the purpose of helping to alleviate this transportation issue. While Utrok supported and welcomed that Congressional gesture, a professional analysis showed that if Utrok took possession of the vessel it would be a heavy financial burden, so unfortunately the NOAA vessel was not the solution.

So today, with only a portion of the Utrok community being tested, many are left unexamined. This is extremely problematic because recent WBC data gathered by Lawrence Livermore Laboratory has demonstrated that the people living on Utrok have received the highest body burdens of radionuclides of any group in the Marshall Islands. The people of Utrik strongly feel that relocating the WBC facility to Utrok is the right solution and is long overdue. Currently we are working to have language added to S. 2941 in the Senate that grants the Department of Energy the authority and funding necessary to construct a WBC facility with an adequate power supply on Utrok Atoll. In 2007, the Department of Energy estimated that establishing a WBC on Utrok is \$850,000. We ask for your assistance on to help us with this request in the House of Representatives.

V. Remedies needed for the people of Utrok.

Today many of the harms caused by the Nuclear Testing Program remain unresolved. Four specific remedies are sought to resolve the nuclear legacy.

A clean up of Utrok Atoll should be undertaken to once and for all end the ordeal of further radiation exposure, and to assure the community that future generations will be free from the nuclear horror. This clean-up could be

accomplished by efficient use of funds already allocated by Congress for the Marshall Islands.

A comprehensive and inclusive medical monitoring and treatment program for the people of Utrok. The DOE program should be reformed, and the funding used for a new medical program tailored to meet the needs of the entire exposed population. Unlike the existing programs, the whole population should be included in a unified program designed to provide full care for all those who have been chronically exposed, not just those present on March 1, 1954. Perhaps this program can be reconstituted or consolidated under an improved and adequately funded health care program.

Increases in the supply of food from the Department of Agriculture provide sufficient provisions to all those citizens of Utrok whose lands have been contaminated by radiation. At present, food supplies are inadequate to meet the needs of the community. As a result, the people are forced to eat locally grown contaminated food, and are ingesting radioactive fallout.

*"The U.S. Government should honor and make payments according to the judgment of the Marshall Islands Tribunal."*¹⁰ Utrok has received an award from the US-Marshall Islands Nuclear Claims Tribunal. A satisfactory and mutually agreeable resolution of Utrok's claim is necessary to bring to a close the nuclear legacy. The Utrok Atoll Local Government supports the proposal of a Congressional Referral of the awards to the US Court of Claims for evaluation. We believe a candid review of the merits of the awards of the Nuclear Claims Tribunal will vindicate the claims of the community and justify satisfactory payment to the affected peoples.

VI. Conclusion.

The Utrok community has borne the brunt of the Nuclear Testing Program. Residing on one of the northern most atolls 'downwind' of the Test sites the people of Utrok suffered exposure to very high levels of radiation. The consequence was an epidemic of health consequences, which have forever scarred the community. Today, adequate healthcare, clean up, supplies of food free of radioactive contamination, and a settlement of the Nuclear Claims Tribunal's award are needed to conclude once and for all the dreadful experience of Utrok Atoll and the Nuclear age.

¹⁰ Reducing Environmental Cancer Risk, 2008-2009, President's Cancer Panel, US Department of Health & Human Services, National Institute of Health, National Cancer Institute, page xvi, Recommendation #8 in the Executive Summary.