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Dr. Palafox. Honorable----

Mr. Faleomavaega. Just call me Eni.

Dr. Palafox. Honorable Eni, I have been requested by this committee to provide a personal assessment of the medical achievements of the Marshallese people affected by U.S. nuclear testing. As you mentioned, I draw my testimony from my experience with the many nuclear programs in the Marshall Islands.

My testimony will discuss three related medical themes. The first is the health impact of the U.S. nuclear testing program in the Republic of the Marshall Islands. The second is the U.S. medical care response to the health impacts of nuclear testing. And third, what I think should be the recommended medical response and health care responsibility of the U.S. Government under the current situation.

The first part. Illnesses caused by the U.S. nuclear testing program were the result of three things: One is high-dose radiation exposure; the second thing is long-term exposure to low levels of ionizing radiation; and, thirdly, it is destruction of ancestral lands, culture disruption, and dislocation of Marshallese communities.

The health effects of high-dose exposure. Marshall Islanders, as you noted, Honorable Eni, is they experienced severe nausea, intractable vomiting, severe burns, hair loss, hypothyroidism because of the hot, sudden, high-dose radiation of 1954. Shortly after that, thyroid cancers began to appear.

The health effects from long-term, low-dose radiation. Long-term, low-dose radiation exposure can result in 24 types of cancer, including leukemia, breast, lung, intestine, stomach, bone, liver and brain cancers, to mention a few. An individual who is exposed to low doses may develop radiation-related cancer 40 years or more after the exposure.

Cancers will occur in the Marshallese throughout all of the atolls of the Marshall Islands because of the long-term effects of high- and low-dose radiation. These doses come from environmental particles that may be eaten, breathed, and digested in the food and environment. Ionizing radiation is also showing other illnesses that are other than cancer. They include hereditary defects, heart disease, strokes, digestive, respiratory and blood disorders.

What are the health effects associated with the destruction of ancestral lands and social disruption? Destruction of land and critical natural resources through radioactive contamination or forced evacuation leads to forced changes in dietary patterns and lifestyle which can prematurely cause heart disease, diabetes, and obesity.

Posttraumatic stress disorder results from trauma of forced change, cultural disruption, and illness. Posttraumatic stress

disorder has never been addressed in the Marshall Islands.

The U.S. medical response. Because of nuclear testing, U.S. medical teams have three functions: One is to provide health care; secondly, is to perform medical monitoring regarding health trends; and, thirdly, research to gain information about the human response to ionizing radiation.

Provision of health care monitoring or research services by U.S. Medical teams was dependent on the U.S. Government priority at the time. Medical health care for illnesses generated by high-dose and low-dose radiation and the illnesses from destruction of lands and cultural living should have been provided by the U.S. medical teams. There is very little that was done or that is being done to adequately address, A, the long-term effects of radiation; or B, health effects from the destruction of Marshallese culture and lands.

It is my opinion that the major emphasis during and in the post-nuclear testing era was not the provision of medical care. Medical care was provided in an acute, as-needed function, without much forethought to developing a systematic health system to meet the ongoing health needs of the affected populations.

There are two medical programs that were put forth to meet medical needs. One program worked with Rongelap and Utrok communities affected by the Bravo detonation. Neither the Atomic Energy Commission and then the Department of Energy have the expertise or background to develop or implement the necessary health care systems needed to address the health impact of the nuclear testing program.

The current 177 health program for the four atolls was designed to be a comprehensive health care program and had an appropriate design. The 177 health care program for the four atolls has been crippled because of funding restraints.

This severely underfunded program sends a message from the U.S. Government that a comprehensive health care system response to the legacy of nuclear exposure in the Republic of the Marshall Islands is not a priority. The emphasis of the U.S. medical response to this day, in spite of the evidence of harm to the Marshall Islanders, is piecemeal, poorly contrived, poorly funded, and does not address the known health care needs of the affected population. It is not apparent that the U.S. agencies which provide health care to the Marshallese people have the health of the Marshallese people as a primary and central concern.

The recommended response. After 60 years of U.S. oversight, knowing there are latent cancers caused by U.S. Nuclear testing, the fact that a Marshallese person living in the Marshall Islands does not have access to routine cancer screening or there is not systematic mammography screening for breast cancer or that cancer treatment is not readily available is a travesty.

The appropriate approach to health care should advocate to protect and care for potential victims of nuclear testing at a U.S. standard of health care. Withholding health care for known consequences of nuclear radiation testing is a true social injustice, and, I agree with you, is racism. The Marshallese are developing and dying from treatable illnesses caused by the U.S.-Marshall Islands thermonuclear weapons testing programs.

I recommend the following actions. One, that the standards for health care screening and treatment for the people affected by ionizing radiation from the Nevada test site in Hanover be applied to the people of RMI.

Two, that the U.S. policymakers review the operational definitions regarding the extent and consequence of the nuclear testing program and support an expanded definition coinciding with current scientific evidence.

Three, that a preventive, precautionary, patient-centered approach to potential health issues be utilized instead of a reactionary approach.

Four, that a comprehensive cancer health care program, including prevention, screening, diagnosis and treatment, be systematically provided in the Marshall Islands at U.S. standards.

Thank you very much.