

# NUCLEAR JUSTICE FOR THE MARSHALL ISLANDS

## *A Strategy for Coordinated Action FY2020-FY2023*

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Photos courtesy of RMI  
Office of Commerce,  
Investment, and Tourism



## Message from the Chair of the National Nuclear Commission

The *National Nuclear Commission Strategy for Coordinated Action* (“*NNC Strategy*”) focuses on five key pillars of nuclear justice: Compensation, Health Care, the Environment, National Capacity, and Education & Awareness. The *NNC Strategy* is a tool for all Marshallese, whether living in the islands or overseas, to use in our individual and collective efforts to respond to the devastation resulting from the United States (U.S.) nuclear weapons testing program in our islands. It is also a resource for our partners and friends outside the Marshall Islands to understand the nuclear testing impacts that persist today and how as allies, they can support the Marshallese people.

The NNC acknowledges the hard work of government and community leaders who have been working tirelessly over the last six decades to fight for justice for the Marshall Islands. Our work on the *NNC Strategy* benefited greatly from the extensive past efforts of leaders like Tony deBrum, Bill Graham, John Anjain, Almira Matayoshi, Ismael John, Lijon Eknilang, Tomaki Juda, John Milne, Donald Matthew, and countless others whose strength continues to guide us and whose powerful voices continue to resonate today. These late champions set the foundation for current and future generations of Marshallese to continue to strive for nuclear justice.

Our nuclear legacy does not exist in a vacuum. The impacts of nuclear testing cross every sector of our society, public and private, and reaches deep into the health and livelihoods of our communities. This makes nuclear justice everyone’s responsibility. The NNC will play its role in supporting nuclear justice efforts that we will all strive for, together.

The *NNC Strategy* was developed through more than 100 consultations with national stakeholders and external friends and partners over an 18-month period. We especially acknowledge the support of H.E. President Dr. Hilda C. Heine and members of her Cabinet. We also appreciate the support of the Honorable Speaker Kenneth Kedi, members of the Nitijela, Mayors and representatives of Bikini, Kili/Ejit, Enewetak/Ujelang, Rongelap, and Utrik atolls, as well as the Marshall Islands Mayors Association for their time and input to this document. The consultative process is core to nuclear justice because it promotes inclusion and dialogue. This is a fundamental, ongoing function of the NNC.

The struggle for nuclear justice began decades ago. With the *NNC Strategy*, we hope for a renewed focus that is responsive and adaptive and that builds on the lessons of the past, as we embrace our future. On behalf of the National Nuclear Commission, I am honored to present the **National Strategy for Nuclear Justice** to the Government and People of the Marshall Islands for consideration.

*Rhea Moss-Christian*  
Chair, National Nuclear Commission

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## Executive Summary

The *NNC Strategy* reflects the strength and resilience of the Marshallese people. It represents decades of effort by many Marshallese leaders and champions who made their voices heard and shared their stories of pain and suffering with the world. The actions identified in this document build on many of those past efforts, while also taking into account the shifts in political environment and priorities that have occurred over the last seven decades.

In fact, the experience of the nuclear testing era was so pervasive for the Marshallese, that it is enshrined in the following words from the Preamble of our Constitution: “This society has survived, and has withstood the test of time, the impact of other cultures, the devastation of war, and the high price paid for the purposes of international peace and security.” The world has changed dramatically since the U.S. detonated its last atomic device in the Marshall Islands, but the Marshallese people and our islands continue to live with the damages.

A 2012 report<sup>1</sup> by the United Nations Special Rapporteur explored the adverse impact of the U.S. nuclear testing program on human rights in the RMI, particularly in relation to impacts from hazardous substances and wastes. With respect to the impact of nuclear testing on the enjoyment of human rights, the Special Rapporteur concluded that, “The nuclear testing resulted in both immediate and continuing effects on the human rights of the Marshallese...radiation from the testing resulted in fatalities and in acute and long-term health complications. The effects of radiation have been exacerbated by near-irreversible environmental contamination, leading to the loss of livelihoods and lands...many people continue to experience indefinite displacement”. The right to a clean, safe, and healthy environment as well as the right to health are fundamental human rights enshrined in international norms. These basic human rights of the Marshallese people are compromised by the unaddressed impacts of the U.S. nuclear testing program.

To address the ongoing impacts and account for the those impacts on fundamental human rights of the Marshallese people, the *NNC Strategy* is built on addressing five key pillars of nuclear justice:

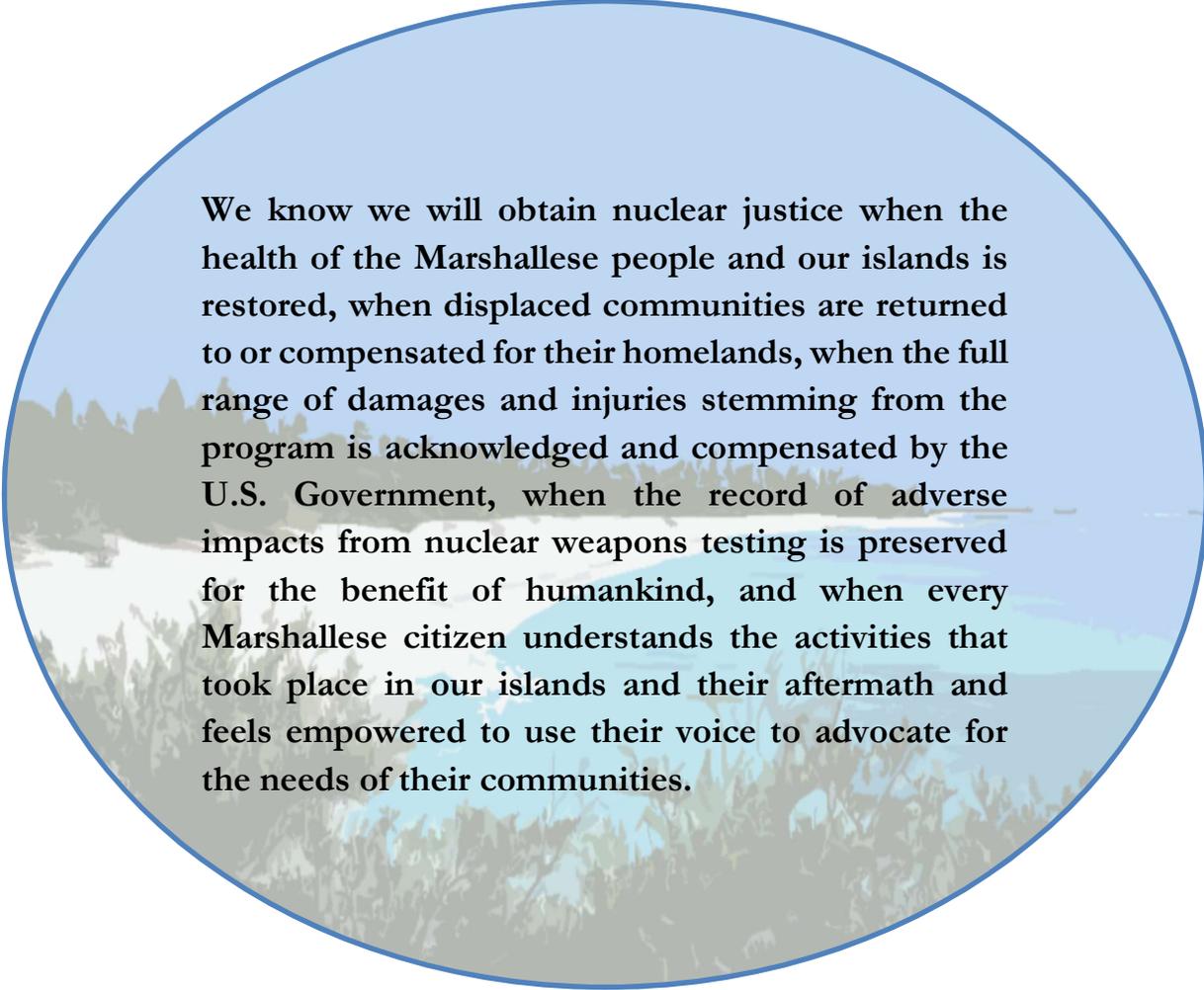
- (1) Full payment of all past and future awards of the Nuclear Claims Tribunal (Compensation);
- (2) Quality health care for all Marshallese (Health Care);
- (3) Reducing the risks of exposure to radiation and other toxins in the environment (Environment);
- (4) Building national capacity to monitor and understand radiation impacts (National Capacity);
- (5) Education & awareness of our nuclear legacy (Education & Awareness).

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<sup>1</sup> See Appendix E for full text of the Report of the UN Special Rapporteur. Some recommendations to the RMI Government from the UN Special Rapporteur’s report are integrated into the relevant actions in this document.

In each of these five pillars, the *NNC Strategy* outlines goals, objectives, and actions for addressing key issues, as well as identifies the lead national agencies and departments for each proposed action. The proposed actions in this document represent the first-round, priority actions identified through stakeholder consultations. Numerous other actions are also important and can be addressed in future Strategies, as appropriate, or in NNC's annual work plans. The NNC anticipates that all proposed actions identified in this strategy will need to be revisited on a regular basis to ensure they are continuing to align with community and national priorities.

The success of the *NNC Strategy* is heavily reliant on high-level, sustained leadership from elected officials working in concert with relevant national agencies and the community at-large. **None of the proposed actions in the NNC Strategy can yield success without collaboration among stakeholders, a willingness to share information with each other, and strong leadership from elected officials.** The NNC will play a supporting role to guide progress on a holistic, multi-faceted approach to the actions identified in each of the five pillars of the *NNC Strategy*: Compensation, Health Care, the Environment, National Capacity, and Education & Awareness.



**We know we will obtain nuclear justice when the health of the Marshallese people and our islands is restored, when displaced communities are returned to or compensated for their homelands, when the full range of damages and injuries stemming from the program is acknowledged and compensated by the U.S. Government, when the record of adverse impacts from nuclear weapons testing is preserved for the benefit of humankind, and when every Marshallese citizen understands the activities that took place in our islands and their aftermath and feels empowered to use their voice to advocate for the needs of their communities.**

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## Overview of the National Nuclear Commission

The National Nuclear Commission (NNC) was established by the National Nuclear Commission Act of 2017. Signed into law on February 28, 2017, the NNC is charged with the following duties:

- ❖ To develop a detailed strategy and plan of action for pursuing justice as concerns the Program<sup>2</sup> and its effects;
- ❖ To exercise general oversight, where otherwise appropriate, of all Government ministries, offices, and agencies
  - Having responsibilities for addressing consequences of the Program, and/or;
  - Monitoring, assessing, documenting, or otherwise dealing with the effects of the Program.
- ❖ To ensure the coordination and integration of all present and future efforts related to the Program and its effects;
- ❖ To preserve the findings, conclusions, and records from all past activities related to the Program and its effects;
- ❖ To serve a cooperative function for researchers, journalists, filmmakers and others who seek to study, report on or otherwise create products which address or are related to the Program and its effects; provided, however, that this subsection shall only apply with the express written consent of the President.

The NNC Act places the Commission under the Office of the President<sup>3</sup> and provides Cabinet with the authority to appoint three Commissioners, one of whom serves as Chairperson. On June 12, 2017, the Cabinet approved the appointment of three Commissioners to the NNC: Ms. Rhea Moss-Christian (Chair), Mr. Alson Kelen (Member), and Mr. Bill Graham (Member), for a term of three years. On March 1, 2018, Mr. Bill Graham sadly passed away. Cabinet appointed Dr. Holly Barker on May 11, 2018, to complete the remainder of Bill Graham's term on the Commission.

In late 2018, the Commission contracted Ms. Ariana Tibon to serve as the NNC's Public Education and Awareness Coordinator and in early 2019, Ms. Jouflina Nathan was hired as the NNC Administrative Officer and Ms. Keyoka Kabua took on the role of NNC Secretary.

The budget and administration of the Tribunal was transferred to the NNC in April 2019, which included two part-time staff, Ms. Cathy deBrum Wakefield and Ms. Emma Gulibert. The NNC and the Tribunal are working together to secure the files of the Tribunal for safe and secure storage.

The NNC, with input from stakeholders during listening sessions, identified a core set of principles to guide our work. Those principles described below -- leadership, collaboration, integrated

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<sup>2</sup> Defined in the Act as the US nuclear testing program whereby the United States detonated nuclear weapons in the Marshall Islands from 1946 to 1958.

<sup>3</sup> In January 2019, President Heine designated Minister John Silk as the Minister Responsible for the NNC.

responsibilities, communication & transparency, and flexibility -- are the foundation of our activities to organize all present and future recovery efforts related to the nuclear testing program in the Marshall Islands, and to serve as a center for public information on the impact of that program.

The NNC serves in an advisory capacity that supports the efforts of elected officials at national and local government level to advance political actions, but the NNC cannot and should not take the lead on political activities related to the nuclear legacy that influence every other aspect of the RMI's bilateral and international relationships. The NNC can exercise a leadership role in the coordination required to implement the political dimensions of the nuclear strategy that our elected officials will execute, as well as in the implementation of the non-political aspects of nuclear justice. In this role, the NNC works closely with Marshallese NGOs, such as Radiation Exposure Awareness Crusaders for Humanity-Marshall Islands (REACH-MI), whose missions are centered around nuclear justice.



From top, left to right: Bikini residents, shortly before relocation in 1946. *Source: Carl Mydans*; Rongelap residents aboard *The Rainbow Warrior* during evacuation to Mejjatto Island, 1985. *Source: David Robie*. Enewetak people on Ujelang Island after relocation. *Source: Trust Territory Archives*. Residents of Utrik Atoll, awaiting evacuation, 1954. *Source: U.S. Defense Threat Reduction Information Analysis Center*. Rongelap residents after evacuation to Kwajalein, 1954. *Source: U.S. Defense Threat Reduction Information Analysis Center*. Bikinian residents on Rongerik after evacuation. *Source: University of Washington Libraries, Special Collections Division*.

# Core Principles of the NNC Strategy

## **RITÖL** **LEADERSHIP**

*The President, Cabinet, Members of the Nitijela, and Mayors of Local Governments will lead national actions to address nuclear justice, alongside relevant government agencies & departments, members of our communities, students & youth groups, and non-government organizations.*

## **WÖDEJEBEL** **COLLABORATION**

*Addressing outstanding nuclear testing issues requires close collaboration and partnership among all stakeholders in the Marshall Islands. Collaboration at the national level must also extend to collaboration with our foreign partners and friends who share common values and can help the RMI address outstanding nuclear testing issues.*

## **KÖBÖJBÖJ IN LOÑ** **INTEGRATED** **RESPONSIBILITIES**

*Everyone has a role to play in nuclear justice, whether in the public or private sector. It is those combined roles working together that will advance our collective goals. Our approach to nuclear justice must reflect the widespread nature of the nuclear testing impacts, which are not isolated to any single community.*

## **BOJAK ÑAN UKOKTAK KO** **FLEXIBILITY**

*We must be mindful of change, whether in political leadership, the economic environment, or in national priorities, and be prepared to respond and adapt, accordingly. Flexibility in planning is critical to ensuring that change in leadership or economic conditions does not hamper progress. There is no single avenue toward nuclear justice.*

## **TELMAKE MELELE & JERBAL KO RALIKAR** **COMMUNICATION & TRANSPARENCY**

*Internal and external communication is a critical foundation to addressing nuclear justice. Internally, responsible parties and entities must be in constant communication with each other and information must be shared widely. Transparency and information-sharing is one of the best ways to counter the authoritative and destructive colonial practices inherited from the nuclear legacy.*

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# The Changed Circumstances Petition and Other Political Efforts

The RMI has a long history of advocacy for nuclear justice. From the early efforts during the United Nations trusteeship of the RMI when the U.S. began its nuclear testing program and up to the present day, Marshallese leaders and community members, together with friends and partners in the international community, have been fighting for justice. The local government leadership of the northern “4 atolls”, also referred to as “ERUB”, explored political and legal avenues while community leaders traveled the world sharing their personal stories of how nuclear weapons altered their lives. Collectively, these past efforts by the RMI establish a strong foundation for continued advocacy, from which ongoing and future work can build upon and strengthen until nuclear justice goals are met. This section provides a brief overview of significant, nationally-led efforts for nuclear justice, as well as a brief timeline of U.S. Congressional hearings on the U.S. nuclear legacy in the RMI.

## Changed Circumstances Petition

The RMI Government submitted the Changed Circumstances Petition (CCP) to the US Congress on September 11, 2000. The CCP requested five elements relating to “changed circumstances”: (1) funding to satisfy personal injury awards; (2) funding to satisfy the Enewetak property damage award; (3) funding to establish primary and secondary care medical infrastructure; (4) fifty years of annual funding to support national health care programs, and; (5) expansion of the DOE medical monitoring program to all exposed populations. The CCP was the result of an extensive multi-year effort and significant coordination at the national and local government levels in the RMI. The U.S. Congress never provided a response<sup>4</sup>.

The failure of the U.S. Congress to acknowledge the CCP does not mean that efforts to address the issues in the original petition cannot be advanced. The RMI Government has an opportunity to review and update any of the relevant sections of the CCP, such as the Medical Analysis and Scientific Analysis, and those sections can be used individually to advance the goal of pursuing funds for the Tribunal awards, as well as addressing health care needs and environmental remediation.

## Other Political Efforts

In 2005, hearings were held by the relevant House and Senate committees, but no legislation resulted. Testimonies were offered by RMI and U.S. officials, as well as the Congressional Research Service. Bill S.1756 was introduced in the Senate in July 2007 and would have provided \$2 million per year for the communities of Enewetak, Kili, Mejjatto, and Utrik. A substitute version of the same bill, S.1756, was prepared later that year and would have expanded the healthcare program to include Ailuk, Likiep, Mejit, Wotho, Wotje, and Ujelang, with an increase in funding to \$4.5 million, annually. The substitute

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<sup>4</sup> Refer footnote 4.

bill was never introduced, and the original bill died when the 110th Congress ended in December 2008.

In January 2010, S.2941 was introduced in the Senate and was identical to the original S.1756 on the expansion of the healthcare program. A proposed amendment from the Committee on Energy and Natural Resources recommended that the bill include the additional atolls in the “4 atoll” healthcare program and increase the funding to \$4.5 million, accordingly. This bill died when the 111th Congress ended in December 2010.

S.342 was introduced in February 2011 and proposed to provide \$4.5 million annually in the ten atolls previously named in S.1756 and S.2941. It was referred to the Committee on Energy and Natural Resources and no further action was taken.

In February 2018, the Senate Committee on Energy and Natural Resources heard testimony on S.2182 from the people and leadership of Bikini Atoll with respect to management of their Resettlement Trust Fund. No further action was taken by the Senate, following that hearing.

More recently, the House Committee on Armed Services introduced H.R.2500 in June 2019 which includes a requirement for the Secretary of Energy to submit a detailed report on the status of the Runit Dome, 180 days after the enactment of the Act (titled: National Defense Authorization Act for Fiscal Year 2020).

Every Congressional hearing related to the Marshall Islands should be seen as an opportunity to connect nuclear justice issues to other bilateral matters.



A group of women from Bikini Atoll carry their belongings across the beach during evacuation in 1946. *Source: Carl Mydans/The LIFE Picture Collection/Getty Images*



American military commander Ben Wyatt addresses Bikinians, informing them that they are being evacuated. *Source: Carl Mydans/The LIFE Picture Collection/Getty Images*

# What is Nuclear Justice?

NUCLEAR JUSTICE means different things to different people. Justice isn't only about numbers and programs. It is also about the need to heal ourselves and our land. Justice is what makes us feel strong and emboldened to act, and the ability to teach our children about their unique history. Justice can be the small acts of reconnecting people's names with their histories, so they are not just an AEC/DOE test subject number, but the grandparent, sibling, cousin, auntie, or uncle of a family. And justice can be the large acts of securing adequate funding to pay the large awards adjudicated by Tribunal judges or securing a cancer care facility that can provide every family with care, regardless of whether they can prove their location on just one day (e.g. March 1, 1954) of a 12-year nuclear weapons testing program.

## FIVE PILLARS OF NUCLEAR JUSTICE



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## Compensation

At the core of all discussions on nuclear justice lies the need to fully compensate the people who paid the high price of giving up their land and compromising their health as the unwitting hosts of U.S. military build-up. Though placing a monetary value on land in the Marshall Islands is complex and, in some cases, counter to customary norms, the damage to the environment from nuclear testing necessitated a framework for assessing the monetary worth of land in order to determine appropriate levels of compensation to landholders. Likewise, trying to determine the monetary value of one's health, in any context, is both sensitive and multifaceted. But a monetary approach to people's health conditions became necessary in order to assess the scale of health damages from radiation exposure and the appropriate level of compensation for related illnesses.

To address the damages of nuclear testing to our people and islands, the RMI Nuclear Claims Tribunal (Tribunal) was established through mutual agreement between the RMI and the United States. Its purpose, as defined in the Compact of Free Association, is “to render final determination upon all claims past, present and future, of the Government, citizens and nationals of the Marshall Islands which are based on, arise out of, or are in any way related to the US nuclear testing program.”



First payment from the Kili Trust Fund, July 4, 1957.  
Source: Leonard Mason – Robert C. Kiste Collection.

Beginning in 1988, two years after the Compact entered into force, the Tribunal commenced operations and began adjudicating claims for personal injury and property damage and continued to do so until it ran out of funds and payments ceased in mid-2009<sup>5</sup>, leaving more than \$23 million in personal injury awards and \$2.2 billion in property damage awards unpaid. However, it was already clear to the RMI Government within the Tribunal's first ten years of operation that the initial payment from the U.S. Government of \$150 million to compensate the Marshallese people for damages to land and health was grossly inadequate to address the multitude of claims that would ultimately be filed.

In addition to the property damage awards for the “4 atolls”, several additional large and complex property damage claims filed by atolls just south of the “4-atoll” region remain pending. A significant part of nuclear justice for those atolls cannot occur until the claims they submitted to the Tribunal have been considered. Beyond property damage claims, there are still many other claims that need to be

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<sup>5</sup> Although the Tribunal's adjudication proceedings ceased when funds were exhausted in 2009, the office has remained open and staffed on a part-time basis and claims can still be submitted.

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developed and submitted to the Tribunal, such as claims to consider compensation for Marshallese unknowingly involved in human radiation experimentation.

An independent review of the Tribunal’s approach and methodology revealed that these were sound and reasonable given the scale of damages that at the time the Tribunal was established, may not have been well understood. The significant effort by the RMI Government to compile the Changed Circumstances Petition (CCP) to the U.S. Congress that outlined the basis for additional U.S. funds to satisfy the Tribunal awards was never responded to<sup>6</sup> and as a result, the Marshallese people continue to search for ways to remedy damages that were inflicted on them by the U.S. nuclear testing program.

The unpaid and partially paid awards from the Tribunal represent one of the gravest forms of injustice to the Marshallese people for the harm inflicted by the U.S. nuclear testing program. The lack of a response from the U.S. Congress to the CCP has been a constant source of concern and frustration for the Marshallese people; we live with the damages and injuries of the nuclear legacy each day, even if the U.S. has not taken adequate action to address these issues. New information regarding the extent and damages of the testing program continues to come forward and this information renders the U.S. settlement of its nuclear claims manifestly inadequate.

The U.S. response to the damage inflicted by its nuclear testing program, codified in Section 177 of the Compact of Free Association, and the continued failures by the U.S. to take responsibility, are appalling and egregious. Colonialism, racism, imperialism, and paternalism overlap in insidious ways that enable the U.S. to assert its narratives about the impacts of the nuclear testing. The U.S. Government’s efforts to control the narratives about their testing program affects the way we see and understand the issues our families have lived through firsthand.

**“The inability of the Tribunal to fully pay off existing awards and the continuing flow of new claims and awards continues to evidence the manifest inadequacy of the existing funding provided under the Section 177 Agreement to fully compensate the people of the Marshall Islands for injuries suffered as a result of the Nuclear Testing Program.”**

*Statement of Determination by the Nuclear Claims Tribunal in respect of “Determination of Initial Payment Level and of 2006 Annual Pro Rata Payment for Personal Injury Claims.”*  
October 1, 2006

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<sup>6</sup> The U.S. Administration responded to the Changed Circumstances Petition in November 2004, though it was not a response on behalf of or directed by Congress. See Appendix D for the text of the full response.

## Property damage awards

Table 1, below, shows the four property damage awards issued by the Tribunal before it ceased its claims adjudication operations. Small portions of each of these awards were paid for single categories within each award, but the substantial portion of each award remains unpaid. A further nine property damage claims were submitted to the Tribunal by: Likiep, Ailinglaplap, Maloelap, Wotho, Wotje, Majuro, Ailuk, Jaluit, and Mejit Atolls. The Tribunal wasn't able to hear these claims before its funding ran out, so these claims remain pending.

Table 1: Property Damage Awards Issued by the Tribunal			
Atoll	Award Breakdown	Award Total	Date of Award
Enewetak	Restoration: \$107,810,000 Past and Future Loss of Use: \$243,683,030* Consequential Damages: \$34,084,500	\$385,577,530**	May 5, 2000
Bikini	Restoration: \$251,500,000 Past and Future Loss of Use: \$278,000,000 Consequential Damages: \$33,814,500	\$563,315,500	March 5, 2001
Utrik	Restoration: \$5,000,000 Past Loss of Use: \$257,060,898.91 Consequential Damages: \$45,295,500	\$307,356,398.91	December 15, 2006
Rongelap	Restoration: \$212,000,000 Past and Future Loss of Use: \$784,500,000 Consequential Damages: \$34,731,200	\$1,031,231,200	April 17, 2007

\*Future loss of use adjusted downward of \$3,152,903 and an added prejudgment interest in the amount of \$47,681,122 in a subsequent Tribunal Order.

\*\* Post-judgment interest in the amount of 7% per year was awarded on the loss of use and restoration damages.

## Personal injury awards<sup>7</sup>

The Tribunal's personal injury compensation program began in 1991 and by 2006, included 36 compensable medical conditions. Over \$91 million in compensation had been awarded to or on behalf of 1,999 individuals by the end of 2006, though over half of these individuals passed before full payment was received. When the Tribunal's funds were exhausted in mid-2009, more than \$23 million in personal injury awards was unpaid. As new information comes to light on the intergenerational impacts of radiation exposure, there will be a need to consider how future claims will be catered to by the Tribunal.

<sup>7</sup> Information on the Tribunal's personal injury awards is taken from the archived website of the Nuclear Claims Tribunal: <https://web.archive.org/web/20140517172030/http://nuclearclaimstribunal.com/>. Current information on the status of personal injury claims and awards was not available at the time of writing.

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## Health Care

The U.S. nuclear weapons testing program and its accompanying medical experimentation program, Project 4.1, resulted in numerous, and often violent health impacts among our Marshallese communities, including death. In addition to the direct exposure to radiation from the detonations, some of our people are born and live on islands with residual contamination, and therefore, are exposed to chronic, low-dose radiation on a daily basis. Because there are so many dimensions of health issues related to the nuclear testing in our islands, the *NNC Strategy* focuses only on the first round of health care issues with actionable elements tied to our current nuclear justice action items; the NNC anticipates constant renewals and additions to the health care strategy with the leadership and input of the Ministry of Health and Human Services (MoHHS).

### CCP and the need for infrastructure, particularly cancer care

Two of the RMI's five sections of the CCP requested the U.S. Government to fund a robust medical infrastructure in the RMI to support primary and secondary health care, and to provide annual funding enough to maintain quality health care well into the future. U.S. acceptance of these requests would have created the infrastructure for all Marshallese to access cancer care in the RMI, and not just those that are legislated by the U.S. Congress to receive care<sup>8</sup>. Furthermore, creating a cancer care facility in the RMI means that cancer patients, especially our elders, would not have to leave the country to seek life-saving treatment in locations that are unfamiliar and foreign for family members.

Virtually every single family in the Marshall Islands has experiences with the pain, suffering, and losses associated with cancer, yet today, many decades after the testing program ended, there is still no cancer care available in the RMI. The absence of cancer care facilities and its link to forced migration are deplorable, and it means that the violence of the testing program continues despite the cessation of weapons testing; the violence now comes in the form of inadequate healthcare that means people die from treatable illnesses and endure suffering that they would not if they had adequate healthcare.

### Exposed populations without healthcare monitoring

Currently under the Compact of Free Association, there is a special U.S.-funded medical program for the original 236 Rongelap and Utrik people exposed to the Bravo test on March 1, 1954. There is no U.S.-funded medical program for:



A young Rongelap girl is examined by a DOE whole body counter, 1977. *Source: unknown.*

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<sup>8</sup> The French government established cancer care facilities in Papeete, French Polynesia that is accessible by anyone, regardless of exposure to radiation from the French nuclear testing program.

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- a) the hundreds of Rongelap people who were NOT on Rongelap in 1954, but whom the U.S. government returned in 1957 (or returned later) to Rongelap, which U.S. officials freely acknowledged was one of the most radiologically contaminated places in the world;
  - b) the control population (which includes some of the resettled Rongelapese noted above, but also includes non-Rongelapese) involved in human radiation experimentation as part of Project 4.1;
  - c) the Bikinians who were moved back to Bikini in the early 1970s at U.S. government direction and then were exposed to such high levels of radiation they had to be evacuated in 1978;
  - d) the Marshall Islanders who worked on cleanups/resettlement work (building houses, etc) on Enewetak, Bikini, and Rongelap in the 1970s and with Rongelap in the 1990s-2000s;
  - e) the many Enewetak islanders who have been living on the former nuclear test site since 1980;
  - f) the thousands of Marshallese from Ailuk, Mejit, Likiep, Wotje, Maloelap, etc. who were exposed to fallout from multiple tests conducted between 1946-1958.

In addition to the patients who experience the brunt of the suffering, continued health care needs create financial and other hardships for the families that must devote resources to support sick family members, including the costs of flying and housing people outside the RMI. This is an injustice when families, including many low-income families, are forced to assume the financial and migratory burdens of caring for family members who need medical care because of U.S. activities in the RMI.

### Congressional mandates and DOE interpretation

Other challenges related to healthcare services are directly linked to DOE's mandate from the U.S. Congress. DOE's healthcare program is limited in its population to community members from Rongelap and Utrik who were on their home islands on March 1, 1954, as well as limited in scope to only treating radiogenic illnesses, as discussed above. All the remaining survivors directly exposed to Bravo are now elders. The failure to treat elders for "non-radiogenic" illnesses, including secondary impacts of radiation exposure, means that the medical program is not comprehensive for the people who deserve it and need it the most, and our community members that we hold the greatest respect for in our culture. Furthermore, DOE's interpretation of its Congressional mandate has also been problematic in that DOE currently does not detect or treat non-cancerous health care issues that are radiogenic, such as cataracts, and DOE does not have protocols in place to have qualified physicians review and update health care plans for the unique medical needs of a geriatric patient population with complex, multiple, and varied exposures, and often without complete medical history due to the destruction of medical records during the Trust Territory.

### Human radiation experimentation

On March 1, 1954, the U.S. Government detonated its most powerful atomic device, yet, codenamed "Bravo", despite knowing beforehand that winds were blowing from the test site area to areas downwind where Marshallese resided. Additionally, the U.S. Government routinely evacuated populations as a precaution to protect them from possible fallout, but on the day the U.S. planned the largest detonation in U.S. history, the U.S. Government made a purposeful decision to leave the people

downwind and in harm's way. The U.S. Government did not warn or tell downwind populations about the planned detonation so that people could protect themselves.

After the exposures to radiation on March 1, 1954, the U.S. Government selected just two of the exposed populations for medical surveillance and study, and purposefully chose not to evacuate others, and hence acknowledge the radiation exposures of other communities, most notably Ailuk, Likiep, Mejit, Maloelap, Wotje, Wotho, and other atolls near the test site. In the case of Ailuk, the U.S. Government acknowledged that the people of Ailuk were exposed at levels that warranted attention, but because there were "too many" people (401 people), the U.S. Government chose not to evacuate the people of Ailuk who stayed in their radioactive environment, exacerbating their initial exposures.

The United States has always called the exposure of downwind populations an "accident;" the RMI Government has always disagreed vigorously given the opportunities the U.S. had to protect our populations, as well as the absence of any inquiry to determine the reasons for a possible "accident."

For more than four decades following the acute radiation exposures of people residing on Rongelap and Utrik on March 1, 1954, the U.S. Government extracted body parts, blood, and teeth from our community members enrolled into Project 4.1 to study the impacts of radiation exposure on human beings. The people from Rongelap, Utrik,

and the control population were not notified about Project 4.1 and there was no permission granted, given, or even requested to undertake this research. Doctors working for Brookhaven National Laboratory, a U.S. weapons laboratory, funneled much of the information about the human biological impacts of radiation exposure to U.S. designers of nuclear weapons to improve the weapon of mass destruction that helped situate the United States as the major global power following World War II.

The U.S. has never apologized to the people of the Marshall Islands for the weapons testing program. There are no monuments or memorials devoted to the sacrifices of the Marshallese. Most American citizens have no idea what the U.S. did in the Marshall Islands, including experimentation on Marshallese people to help the U.S. build weapons of mass destruction. While we, as Marshallese, need to take pause and consider that weapons designed to destroy life could not wipe out our people or our culture, the U.S. must acknowledge the extent of the damages and injuries connected to its activities as well as the incredible breach of trust that makes it difficult, still today, to trust U.S. motives

***The political construction of "four atolls" undermines nuclear justice definitions of communities impacted by the nuclear weapons testing program to only the test sites, and only the two communities evacuated after March 1, 1954. While these four atoll communities without question face the most acute challenges stemming from the U.S. nuclear weapons testing program, continuing to talk in scope about just "four atolls" erases the experiences and histories with the U.S. nuclear weapons testing program faced by numerous other communities in the RMI.***

in addressing the nuclear legacy issues. The lack of trust and open, regular dialogue between the U.S. and the RMI about the range of issues related to U.S. nuclear weapons testing is an impediment to nuclear justice.

### Basing eligibility on geography and a single day of exposure is problematic

Because determination of who is and who is not impacted by radiation in the Marshall Islands, according to the U.S., is determined by atoll of residence on March 1, 1954, this geographic and day-specific classification excludes numerous Marshallese communities from consideration for U.S. provided health care. Marshallese workers from atolls all over the RMI were employed by the U.S. DOE, for instance, to help clean up Bikini, Rongelap, and Enewetak, including the construction of the radioactive waste disposal facility at Runit Island. Marshallese workers are not eligible for U.S.-provided health care for workers exposed to radiation while working for the U.S. Government because they are not U.S. citizens, but they are also denied participation in U.S. Government provided post-testing health care programs in the RMI if they are not from one of the “4 atolls.” Most of the leaders for the Marshallese workers have died without health care, full compensation for their illnesses acknowledged by the Tribunal, nor acknowledgment for the links between their circumstances and the U.S. nuclear weapons testing program.

Like the workers, the experiences of the control population remain outside of our consideration and acknowledgment despite their hardships. The control population, some of whom came from communities beyond the four atolls and were not exposed directly to Bravo, still endured incredible hardships such as painful bone marrow extraction, as well as constant medical experimentation for decades. Some of that experimentation included purposeful exposure to small amounts of radiation by the weapons laboratory physicians for experiments that were not in the patients’ interest but enabled the researchers to deepen their understanding about radiation impacts on the human body. Both the originally exposed Rongelapese and the control population received significant exposures post-March 1, 1954 when they were resettled on Rongelap when it was dangerously contaminated, rendering faulty the “single day eligibility” argument.

### Health concerns identified by local communities (Women’s health)

There is a need to address health care concerns identified by our communities, not just the minimal health care services provided to just a small fraction of our people. Health justice involves providing everyone with adequate health care, not just those that can prove a link based on residence and time to a specific location in the RMI. Health justice provides responses and support for healthcare concerns raised by our own people, not just certain illnesses identified by the U.S. For instance, Mayors from across the nation are concerned about increases in fish contamination and possible links to U.S. military activities in the islands. Communities also remain concerned about the



Above: Jabwe, Rongelap practitioner, assists with patient examination on Kwajalein. 1954. Source: DTRIAC

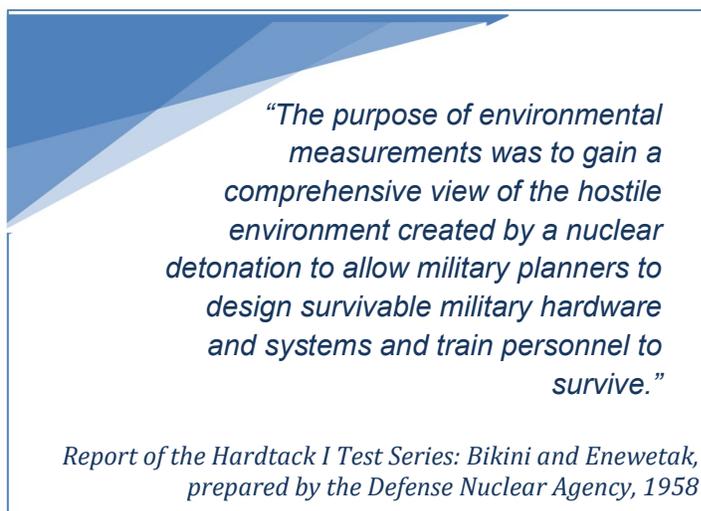
health impacts on subsequent generations of Marshallese, not just the people who were alive during the testing program, but second and third generation birth anomalies and health issues that persist in subsequent generations. There are also gender specific concerns about health care impacts of radiation exposure in the RMI that need to be acknowledged and addressed. Health justice provides the means for communities to address their own concerns.

## Elders

Given the cultural importance we ascribe to caring for our elders, it is shameful that our Marshallese elders are without adequate health care services. Those who endured the direct violence of the testing program deserve, at a minimum, the same standard of care that people in the U.S. receive. Many of the remaining “ri-baam (elders who were exposed to the Bravo test shot) who endured the most horrific aspects of the U.S. nuclear weapons testing program live in poverty without adequate food, shelter, or access to health care. Health justice for our elders means working internally in the RMI to renew our commitment to the people we owe the greatest respect, as well as working with the U.S. to improve geriatric services to the most affected people.

## Environment

The U.S. nuclear weapons testing program had devastating effects on the environment of the Marshall Islands that remain unresolved. Entire islands --ancestral homelands-- were vaporized as a result of some tests and they simply no longer exist. The people from Bikini, Rongelap, and Enewetak Atolls were displaced from their home islands and the people of Bikini and Rongelap remain displaced. Their ability to use their land for economic or subsistence activities has been greatly compromised by the unremediated levels of radioactive contamination throughout their respective atoll environments. In addition, people living on Enewetak, Utrik, Ailuk, Wotje, Likiep, and other atolls live with a daily fear of how their health might be affected by long-term exposure to radiation.



## U.S. Department of Energy Environmental Monitoring Program

The U.S. DOE conducts regular environmental monitoring missions in Bikini, Enewetak, Rongelap, and Utrik, as mandated by the U.S. Congress. These missions include remediation studies, resettlement support projects, environmental characterization & monitoring, exposure pathway analysis, and technical cooperation & training. These programs have resulted in dozens of studies and reports that

unfortunately, have not done much to change the current situation. Recommendations for remediation are not helpful without corresponding resources to support them and analysis and

monitoring results are not helpful when local communities cannot make sense of the technical scientific explanations and terminologies or trust the results.

Ongoing studies by the U.S. DOE have done little to instill a sense of progress toward resolution, and distrust in the U.S.-driven monitoring programs is growing, signaling a strong need for independent review and study of the environment. The U.S. Government approach to remediation has been to focus on a single village on the most affected atolls with a policy position that includes Marshallese agreeing to never go to some areas of their atoll (i.e. Runit Island and northern Rongelap). Requests for additional information and support in interpreting and translating data remain challenging. Furthermore, the environmental standards used by the U.S. Government for American citizens are more stringent than those used in the RMI. The failure, for example to construct fences or deterrents so people do not access areas with higher risks for radiation exposure, such as Naen or Runit Islands.

### Runit Island

The low-level nuclear waste facility on Runit Island at Enewetak Atoll is another constant reminder of the U.S. Government's unfinished business in dealing with the contamination left behind from their nuclear weapons testing program. For decades, Marshallese were led to believe that the concrete dome on Runit Island housed most of the radioactive contamination on Enewetak.

Only recently has new information come to light that less than 1% of the plutonium on Enewetak is inside the concrete structure. This means that over 99% of the plutonium on Enewetak is in the surrounding environment. Concerns about the safety and security of the nuclear waste facility and the surrounding environment on Runit Island continue to be met with unsatisfactory answers. The attention that Runit Island brings to the wider radiation contamination situation in the Marshall Islands

presents an opportunity to advance these and other outstanding nuclear testing issues. But the facility on Runit Island requires attention and action by the U.S. Government to ensure that its presence poses no threat to the health of the Enewetak community and their environment.

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***“If the Cactus crater concrete containment structure on Runit Island were located in the United States proper (or subjected to U.S. regulatory authority), it would be formally classified as a Low-Level Radioactive Waste Disposal Site and be subject to stringent site management and monitoring practices.”***

**Dr. Terry Hamilton, A Visual Description of the Concrete Exterior of the Cactus Crater Containment Structure, LLNL-TR-648143, 2013**

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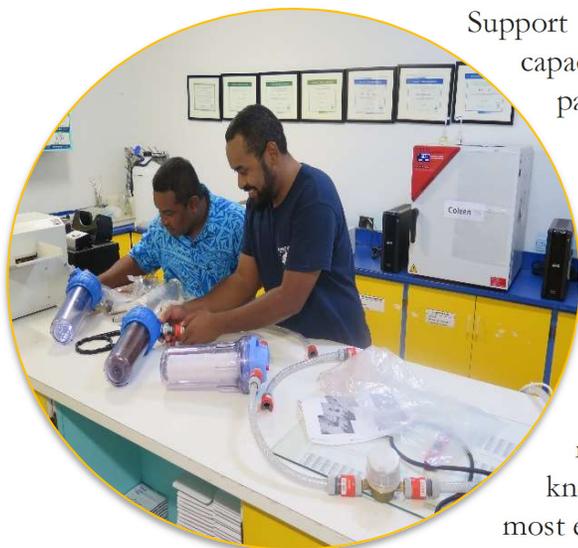
### Status of radiation in the environment of all atolls in the RMI

A 1955 study by the U.S. Atomic Energy Commission on the external fallout from the Operation Castle test series confirmed that more than 20 atolls and islands were exposed to radioactive fallout. In addition, declassified documents showed that fallout from the 1954 “Bravo” test reached more than 20 islands and atolls, including islands as far West as the Federated States of Micronesia (see Appendix D). Limited follow-up study outside of the “4 atolls” took place over the next several decades to determine the impact of that exposure to the residents and their exposed atoll

environments. From 1990 to 1994, a nationwide radiological study took place in the Marshall Islands, led by a team of independent, U.S. scientists and funded through Section 177 of the Compact. The findings of that study were controversial, revealing the need for more extensive survey and review of all atolls and islands in the RMI.

Stakeholder discussions with representatives in the Marshall Islands Mayors Association (MIMA) also confirmed that many uncertainties remain about the state of the environment throughout the RMI, including the “4 atolls” where considerably more research has taken place. The United Nations Special Rapporteur also recommended that a comprehensive, nationwide study of the RMI take place, similar to studies undertaken by the International Atomic Energy Agency (IAEA) in other nuclear-impacted countries. Nuclear justice includes addressing all questions about the possible linkages between health and radiation exposure for all atoll communities in the RMI.

## National Capacity for Radiological Monitoring and Understanding



EPA Staff prepare water filters for seawater collection and analysis at the RMI EPA Lab.  
*Source: Jose Corcho.*

Support to national agencies and departments to establish a capacity in radiological monitoring will lead to greater national participation and ownership in radiation-related research throughout the RMI. Decades of reliance on mostly U.S. Government-led research has resulted in a U.S. monopoly on radiation data in the RMI and in turn, a U.S.-controlled narrative about the impacts of its nuclear testing program. Capacity building efforts targeted at relevant national government agencies and departments, with the support of the international community, will ensure that the RMI leads its own national monitoring efforts, identifies its own priorities for knowledge making, and can direct external assistance in the most efficient and appropriate ways.

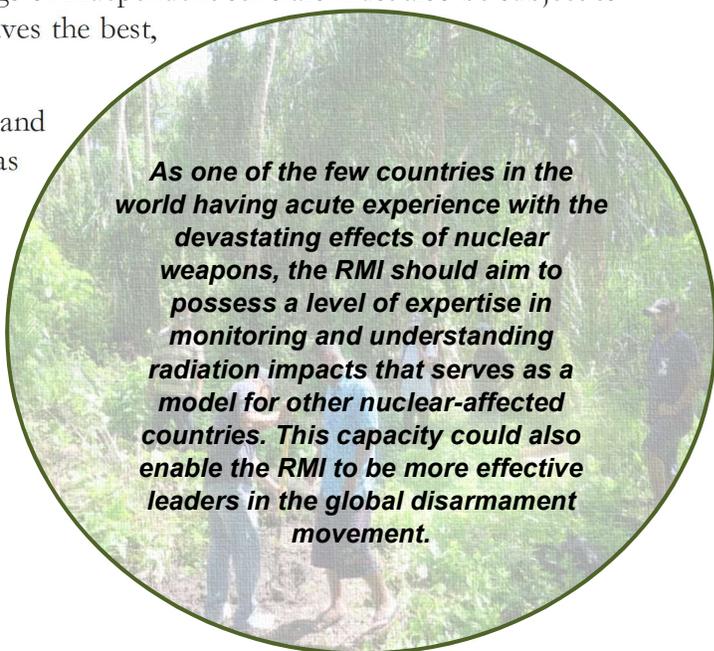
The training and engagement of Marshallese in this work has to start now as we cannot afford to wait any longer to be the dominant voices and lead authors in our nuclear story. This can begin with the strict adherence to the NNC Research Protocol for nuclear-related research, which requests researchers to employ nationals to participate in the duration of the research project. This approach ensures that knowledge is transferred both ways and that local capacity for research and understanding is developed.

Greater engagement and ownership of DOE’s monitoring efforts in the RMI will also contribute toward building national capacity to understand and communicate radiation impacts in the environment and on human health. This includes requiring DOE to work with Marshallese in every stage of its research and to take responsibility for ensuring that published research is translated into Marshallese. But we have to first acknowledge that this is our collective responsibility as Marshallese,

to engage with external researchers and to work hard to understand our data and what it means for the health of our people and our islands.

In addition, a concerted national effort to review and build on existing research, as well as to commission new research, will contribute to a robust, nationally-held and nationally-owned body of information that can empower decision makers and mobilize support from the international community to respond, where needed. The findings of independent scholars must also be subject to rigorous peer review to ensure that the RMI receives the best, bias-free data for decision making as possible.

New research will require robust data collection and management systems in our hospitals and clinics as well as our technical environmental resource agencies, such as the Marshall Islands Marine Resources Authority and the Environmental Protection Authority. These national government entities are at the front lines of environmental interaction and the data they collect and maintain can serve as the strong knowledge base for necessary research into some of the ongoing impacts of nuclear testing.



***As one of the few countries in the world having acute experience with the devastating effects of nuclear weapons, the RMI should aim to possess a level of expertise in monitoring and understanding radiation impacts that serves as a model for other nuclear-affected countries. This capacity could also enable the RMI to be more effective leaders in the global disarmament movement.***

## Education, Awareness, and Leadership

Education and awareness of our nuclear testing history is also at the foundation of nuclear justice. Because there are few people alive today who experienced the nuclear weapons testing program firsthand, the next generation has a critical role to play in nuclear justice. It is imperative that the legacy is not forgotten and that all future generations possess the awareness and understanding of how nuclear testing has shaped the modern Marshallese way of life. Our future generations also need to be prepared to respond to challenges that we haven't even imagined yet, such as the ways that the nuclear legacy intersects with climate change and migration issues as well as the intergenerational impacts of radiation exposure.

Nuclear justice is achieved when all levels of society understand the history of the nuclear weapons tests and their impacts and feel equipped to make decisions about the needs of their families and communities based on that knowledge. A national understanding and knowledge of RMI's nuclear legacy, sacrifice, and contribution to world peace is a central theme in the RMI Constitution and should be at the core of our collective consciousness as a nation. Marshallese non-governmental organizations have particularly important roles to play, as they can access audiences in different ways than government entities or programs. REACH-MI conducts important awareness activities

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throughout the RMI and played a critical role in pushing the national government to be more active in nuclear justice efforts, partly through the creation of the NNC.

Through the efforts of the late Bill Graham and many others, the paper, audio, and video materials of the Nuclear Claims Tribunal are now digitally archived with the City of Girona, Spain, and the Swiss Federal Archives, Switzerland. The Girona digital archives house the audio and visual files of the Tribunal, and the Swiss digital archives contain all the paper files, which include claims documents and reference materials.

The significance of the Tribunal's digital archives cannot be underestimated. It ensures that future generations will have access to critical data and information on the nuclear testing program in the RMI and how it affects the lives of all Marshallese.

The need for education and awareness is not limited to the Marshallese audience. A heightened level of understanding throughout the international community is also critical to nuclear justice. The more the world learns about the RMI's efforts to achieve nuclear justice, the more conversations that will be held and the more likelihood that attention can lead to action. It is our duty as Marshallese to learn our history, first, and then share it with the international community.

With knowledge comes the ability to take action and to be strong advocates for nuclear justice. Education of our young people is especially critical as they will take up the helm of leading our nation forward in the future. Investing in our children by teaching them about their nuclear history will also ensure that the knowledge is passed onto future generations, who will undoubtedly continue to face nuclear testing-related challenges.

## Access to Information

Underpinning all our nuclear justice efforts is information. Information in this case refers to historical data, such as data collected by the U.S. during and after the testing program, some of which the RMI has never been allowed to access. Critical decisions and key actions to address nuclear injustice cannot be fully effective without a solid foundation of data to support them. Challenges the RMI has faced in accessing critical information makes it difficult to build a clear case for nuclear justice. There are still too many gaps in our knowledge of the nuclear testing impacts and these gaps must be addressed.

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**Our future generations need to be prepared to respond to challenges that we haven't even imagined yet, such as the ways that the nuclear legacy intersects with climate change and migration issues as well as the intergenerational impacts of radiation exposure.**

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Hundreds of pages of reports and documentation have been developed throughout the testing program and the years that followed, and much of that information can serve to establish critical environmental and human health baselines to better inform impact assessments. Some document collections are accessible but require time and resources for review and analysis.



L-R: Jimmy Jamos and Junior Enos (CMI Nuclear Club members) present to students at MICHS, 2019; MICHS student performs a nuclear legacy skit with fellow classmates during CMI Nuclear Club Visit to Rongrong, 2019. *Source: Ariana Tibon*



There is also important data from the testing program that remains classified or redacted by the U.S. Government, and the RMI Government must continue to push for access to these. The U.S. maintains that it has satisfied its obligations to the RMI in respect of its nuclear testing program, yet large amounts of information have not been shared with the RMI that would enable us to thoroughly verify whether the U.S. claim is true. Instead, we are expected to accept that the U.S. is not responsible for persistent health and environmental issues, without having the opportunity to see and understand the complete set of reports of the nuclear testing program.

Whether data is restricted or not, the key point is that in order for information to be useful, the RMI has to be proactive and deliberate in seeking it out and then use it to serve nuclear justice goals. The NNC will work with relevant national entities to develop a plan for reviewing and analyzing open collections. The NNC will also work with national leadership on a plan for continuing to pursue the U.S. Government for restricted access collections. Seeking out existing data is just as critical as collecting new data; both data sets contribute to the strength of a more complete picture of radiation impacts throughout the Marshall Islands.

# GOALS • OBJECTIVES • ACTIONS

EXPLANATORY NOTE: The goals, objectives, and actions identified in this section represent the **first-priority actions** as identified through NNC's stakeholder consultations over the past 18 months. They are not meant to be exhaustive nor are they all inclusive.

Goals/Objectives/Actions will continue to evolve as new information becomes available and to account for any changes in community priorities and in the political environment, both inside and outside the RMI.

In addition, some tasks identified through consultations will be absorbed by the NNC as core business while others can be addressed in a subsequent Strategy.

Photos, from top: Aerial view of the dome on Runit Island, with the Mike Crater in the background, at Enewetak Atoll, *Source: Greg Nelson*; Castle Bravo detonation, 1954, *Source: Defense Threat Reduction Information Analysis Center*; Operation Crossroads, test shot "Baker", 1946, *Source: U.S. Department of Defense*; Operation Crossroads, test shot "Able", 1946, *Source: The Library of Congress*; the first Hydrogen bomb test at Enewetak Atoll, 1952, *Source: National Nuclear Security Administration/Nevada Site Office Photo Library*; "Umbrella" shot in Operation Hardtack, 1958, *Source: twicrisensun.com*.



## GOALS • OBJECTIVES • ACTIONS

### Compensation

**Goal 1: All unpaid and partially paid personal injury and property damage awards issued by the Tribunal be fully paid, and funding be provided to support future claims.**

**Objective 1.1:** Submit a request, in the appropriate form to be determined, to the U.S. Congress for resolution of outstanding and ongoing issues relating to the nuclear testing program (MoFaT/RMI Embassy-DC).

### Actions

**1.1.1.** Update the Medical Analysis and Scientific Analysis sections of the CCP and conduct a comprehensive review of all sections of the CCP for their inclusion in a new request to the U.S. Congress (*President/MoFaT/NNC*).

**1.1.2.** Work with U.S. Congressional staff to schedule hearings to review the ongoing health and environmental impacts from the U.S. nuclear testing program (*RMI Embassy-DC*).

**1.1.3.** Adopt legislation that recognizes nuclear testing impacts throughout the entire Marshall Islands (*Nitijela*).

**1.1.4.** Consider the merits of a Congressional Reference Case approach\* (*President/Cabinet*).

*\* In a hearing of the House Subcommittee on Asia, the Pacific, and the Global Environment on May 20, 2010, Bikini lawyer Jonathan Weisgall provided testimony in which he recommended that Congress consider referring the RMI's nuclear compensation case to the Court of Federal Claims using Congress' congressional reference authority prescribed by statute. Blue Ocean Law also prepared a legal analysis of a Congressional reference case approach to addressing outstanding claims. Congressional reference cases take many years and require substantial resources, but it is an important approach for RMI leadership to consider as a potential long-term option.*

## Compensation

**Goal 1:** All unpaid and partially paid personal injury and property damage awards issued by the Tribunal be fully paid, and funding be provided to support future claims.

**Objective 1.2:** Launch a targeted public awareness campaign outside the RMI to raise awareness and generate public opinion in favor of the U.S. Government addressing ongoing nuclear testing impacts in the RMI (MoFaT/RMI Embassy-DC/NNC).

## Actions

**1.2.1.** Enlist support from U.S. citizen special interest groups (e.g. former Peace Corps and other former U.S. volunteer groups), U.S. non-profit research centers (e.g. Beyond Nuclear, Gender and Radiation Project), U.S. National Association of Atomic Veterans, and other relevant groups and organizations, to help advocate and raise awareness among their respective Congressional representatives of the ongoing impacts of the U.S. nuclear testing program on the Marshallese people and our islands (NNC).

**1.2.2.** Collaborate with U.S.-based Marshallese NGOs and organized community groups to generate public awareness materials and programs, where appropriate, to share information with the U.S. general public with a view to securing advocacy and support (NNC).

**1.2.3.** Adopt a national government policy that calls on all high-level officials to include nuclear justice issues in all official discussions with U.S. Government officials, to keep a focus on the need for the U.S. Government to address outstanding and ongoing nuclear testing issues (President/Cabinet).

**1.2.4.** Coordinate with regional neighbors and organizations to garner support through existing regional channels (e.g. Forum Leaders Meeting) and to collaborate with like-minded regional partners (e.g. French Polynesia, Kiribati) to raise awareness of and bring attention to the unpaid and partially paid Tribunal awards, and the many Marshallese who continue to suffer from radiation-related illnesses and live in exile from their homelands (MoFaT/RMI Embassy-Fiji).

**1.2.5.** Agree to a national government set of talking points, or key messages, about the nuclear legacy for use by national government officials in official meetings or media appearances (MoFaT/NNC).

## Health

**Goal 2: All Marshallese have access to quality health care, wherever they reside, not just in the RMI\*.**

### **Objective 2.1:**

Nationwide health care services become capable of treating all illnesses, including cancer, and Marshallese have access to all services.

\*Justice means meeting the needs of Marshallese communities who migrate away from the RMI, as well, particularly those from communities where they can't live on their ancestral homelands.

## Actions

**2.1.1.** RMI Government agree to use the Medical Analysis section of the Changed Circumstances Petition as the most cost effective, culturally appropriate, and technically competent health model to adequately respond to radiation and nuclear testing related health care needs in the RMI, and for that model to be the basis for advocating with the U.S. and other relevant partners for improved national health care.

**2.1.2.** MoFaT, with support from MoHHS and the NNC, to lead discussions with the U.S. Department of Energy, U.S. Department of Interior and other relevant U.S. officials through existing (JEMFAC, Annual DOE Meeting) and other channels to progress improved national health care, especially the establishment of national cancer care, as the best alternative to the existing DOE medical program.

**2.1.3.** MoHHS, MoFaT, and the RMI's relevant overseas representatives to communicate with each other on a regular basis to coordinate needs and approaches to U.S. officials, bilateral government partners, non-governmental entities, and private health facilities.

**2.1.4.** Prioritize engagement with the UN Human Rights Council through the RMI Ambassador in Geneva, with input from the NNC and MoHHS, to explore options for international community support to the health care needs of the Marshall Islands (MoFaT).

**2.1.5.** Work closely with the RMI Ambassador in Geneva and RMI's IAEA National Liaison Officer and Assistant to secure support from the IAEA to establish the required regulatory and legislative frameworks to support the development of a national infrastructure utilizing nuclear technologies (MoFaT/NNC).

(continues)

## Health

**Goal 2:** All Marshallese have access to quality health care wherever they reside, not just in the RMI\*.

### **Objective 2.1:**

Nationwide health care services become capable of treating all illnesses, including cancer, and Marshallese have access to all services.

\*Justice means meeting the needs of Marshallese communities who migrate away from the RMI, as well, particularly those from communities where they can't live on their ancestral homelands.

**2.1.6.** Prioritize the convening of regular discussions with the U.S. DOE and the U.S. DOI to actively address issues and concerns raised by Marshallese patients enrolled in both the DOE Medical Monitoring Program and the 177 Health Care Program, particularly a review of medical “Best Practice” protocols, the adequacy of funding to support patient needs, and consideration of options to improve support to elderly patients. The RMI Embassy in D.C. to arrange for regular meetings between RMI officials and U.S. DOE and DOI officials, for this purpose (*MoFAT and 4 Atoll leadership*).

**2.1.7.** Develop a comprehensive national health strategy and plan of action, on the basis of epidemiological evidence, addressing the health concerns of the whole population and, in particular, non-communicable diseases (such as cancer and diabetes), and build on the lessons learned from the National Comprehensive Cancer Control Plan for the period 2007–2012; the strategy and plan should pay special attention to women and children, and seek to overcome the barriers that women encounter in their access to health facilities, goods and services, including family planning and sexual and reproductive health services; support should also be sought for the renovation of the main hospital and provision of qualified medical personnel and oncology services (*MoHHS/NGO community*).

**2.1.8.** Work with the U.S. Government, and other bilateral partners and multilateral organizations, as appropriate, to explore support for establishing a healthcare outreach program for elders, former nuclear test site workers, former participants of the control population, and residents of the mid-range atolls (*MoFAT/MoHHS/NNC/RMI Overseas Representatives*).

## Health

**Goal 2:** All Marshallese have access to quality health care wherever they reside, not just in the RMI\*.

**Objective 2.2:** Until access to quality nationwide health care --particularly cancer care-- is realized, all Marshallese will have access to easy referral services to overseas health facilities that can accommodate patient needs, as determined on an individual patient basis.

\*Justice means meeting the needs of Marshallese communities who migrate away from the RMI, as well, particularly those from communities where they can't live on their ancestral homelands.

## Actions

**2.2.1.** Explore partnerships with health facilities located among Marshallese communities as priority referral locations so that referral patients can benefit from community support (MoHHS/NNC).

**2.2.2.** Conduct a comprehensive review of the national referral policy to ensure that referral decisions are flexible enough to account for each individual patient circumstance and the best available options for quality medical care, especially cancer care (MoHHS).

**2.2.3.** Develop a separate, interim strategy focused on cancer care referrals that utilizes the Medical Analysis section of the CCP and current data on RMI cancer rates to determine appropriate referral budgets and relevant off-island facilities (e.g. facilities located in near proximity to communities with large Marshallese populations) to approach for referral partnerships (MoHHS/NNC).

**2.2.4.** Ensure that both on-island and overseas referral health care for elders is in accordance with best medical practice and protocols relating to treatment for geriatric patients with complex health issues (MoHHS/NNC).

## Health

**Goal 2:** All Marshallese have access to quality health care wherever they reside, not just in the RMI\*.

### **Objective 2.3:**

Marshallese have a strong and thorough understanding of health trends and how they may or may not relate to radiation, including knowledge of intergenerational impacts.

\*Justice means meeting the needs of Marshallese communities who migrate away from the RMI, as well, particularly those from communities where they can't live on their ancestral homelands.

## Actions

**2.3.1.** Work with the U.S. Government, and relevant regional and international agencies to support the development of robust data and information systems capable of collecting, managing, and monitoring pertinent health data that can be used to inform and empower decision makers and the general public on the relationship between chronic illnesses and radiation exposure (*MoHHS/MoFaT/NNC*).

**2.3.2.** Engage bilateral, regional, and international partners to support and conduct new research on health trends in the Marshall Islands and their potential relationship to radiation exposure from the testing program, e.g. why is RMI's incidence of cervical cancer the highest in the world? (*NNC/MoHHS/MoFaT*)

**2.3.3.** Secure support for an independent, nationwide health impact assessment using reliable baseline studies for human health conditions and develop a plan to ensure that impact assessments are ongoing so that evolving impacts can be monitored (*MoHHS/MoFaT/NNC*).

## Environment

**Goal 3: To support comprehensive and holistic research throughout the Marshall Islands to inform communities on the levels of radioactive contamination and toxins in their environment and empower decision-makers to take necessary and appropriate action.**

**Objective 3.1:** To raise the awareness and profile of the exposure of all the islands of the RMI to radiation and to create an impetus for the international community to support action on research and information-gathering, including the need to consider the resulting healthcare challenges for people exposed to chronic, low-level radiation and other contaminants.

## Actions

**3.1.1.** NNC to work with all relevant stakeholders to establish a volunteer-based Scientific Advisory Panel comprised of external specialists across a range of disciplines to work with national counterparts in the Marshall Islands on identifying and designing research and data needs relating to understanding the impacts of the U.S. nuclear weapons testing program.

**3.1.2.** Implement the Research Protocol on nuclear-related research to ensure that all research serves the interests of the Marshallese people and addresses issues and concerns identified by local communities. Include Department of Justice for Customs requirements of researchers, outlined in the Protocol (NNC/MoFaT/MoCIA).

**3.1.3.** Request relevant United Nations agencies to undertake a study similar to the one conducted by IAEA on testing sites in other countries, that makes a comprehensive, holistic assessment of radiation exposure to the entire population and the status of the environment throughout the nation, and to build on previous studies of a similar nature conducted in the RMI (MoFaT).

**3.1.4.** Continue to follow up with U.S. DOE on requests for data and information on the status of radioactivity in the environment of Bikini, Rongelap, Enewetak, and Utrik atolls (MoFaT/NNC).

## Environment

**Goal 3:** To support comprehensive and holistic research throughout the Marshall Islands to inform communities on the levels of radioactive contamination and toxins in their environment and empower decision-makers to take necessary and appropriate action.

**Objective 3.1:** To raise the awareness and profile of the exposure of all the islands of the RMI to radiation and to create an impetus for the international community to support action on research and information-gathering, including the need to consider the resulting healthcare challenges for people exposed to chronic, low-level radiation and other contaminants.

**3.1.5.** Review the National Climate Change Policy to explore integrated strategies to address the growing intersection between climate change and nuclear legacy issues (MoFaT/OEPPC).

**3.1.6.** Marshall Islands Mayors Association (MIMA) to provide regular input into environmental research plans and to encourage respective constituents to participate in research projects.

**3.1.7.** Compile a “Research Compendium” that comprises all trusted radiation research about the RMI in one publication, that can be easily accessed by local and national government leadership for advocacy or awareness activities (NNC).

## Environment

**Goal 3:** To support comprehensive and holistic research throughout the Marshall Islands to inform communities on the levels of radioactive contamination and toxins in their environment and empower decision-makers to take necessary and appropriate action.

**Objective 3.2:** To remove the risks to the people and environment resulting from the nuclear waste storage facility on Runit Island, as determined by the people of Enewetak.

### Actions

**3.2.1.** Consider legal options for addressing the dome on Runit Island. Ensure that all stakeholders are consulted and that a full risk analysis is conducted before any decision to pursue a legal remedy, including a review by the Enewetak community and landowners (*President/Cabinet/Enewetak-Ujelang Leadership*).

**3.2.2** MoFaT and Enewetak Atoll leadership to work closely with the RMI Embassy in Washington, D.C. to follow up with U.S. Representatives on the proposed U.S. legislation to require the Secretary of the U.S. DOE to submit a detailed report on the status of the nuclear waste disposal site on Runit Island\*.

**3.2.3.** Follow up with U.S. DOE on the request from Enewetak leadership following the Annual DOE Meeting in May 2019, for the U.S. to fund the building of a fence around Runit Island (*MoFaT/Enewetak-Ujelang Leadership*).

**3.2.4.** NNC to work with the Enewetak leadership and community to engage independent scientists and the international community to conduct an independent survey beginning in November 2019, of the levels, sources, and movement of plutonium and other toxins in the environment around the nuclear waste disposal site at Runit Island.

\* H.R.2500 titled "The National Defense Authorization Act for Fiscal Year 2020" introduced in the U.S. House of Representatives on 05/02/2019. See: <https://www.congress.gov/116/bills/hr2500/BILLS-116hr2500rh.pdf>

## National Capacity

**Goal 4: The Marshall Islands possesses the national capacity to collect, analyze, and act on information regarding levels of radiation and toxic contaminants, and their impacts to human health and the environment.**

**Objective 4.1:** Develop national capacity to design monitoring and data collection activities and lead national radiation monitoring programs.

### Actions

**4.1.1.** All relevant national and local government officials, local NGO representatives, and interested individuals to participate actively in the NNC Independent Scientific Advisory Panel to ensure that local knowledge is considered in the design and execution of all radiation-related research and data collection projects in the Marshall Islands and that outside knowledge and expertise is transferred to the Marshall Islands.

**4.1.2.** Support ongoing efforts by MIMRA and EPA to establish in-house radiological monitoring capability under IAEA Technical Assistance.

**4.1.3.** Work proactively with the IAEA to develop Technical Assistance projects to support ongoing training of nationals in radiological monitoring in the environment (MoFaT/NNC).

## National Capacity

**Goal 4:** The Marshall Islands possesses the national capacity to collect, analyze, and act on information regarding radiation levels and their impacts to human health and the environment.

**Objective 4.2:** Develop national capacity to interpret and translate nuclear-related research for use by leaders and communities.

### Actions

**4.2.1.** Implement a long-term scholarship campaign to promote and encourage studies in environmental science, anthropology, epidemiology, and other relevant disciplines, and work with bilateral partners to support relevant scholarships (*Ministry of Education/MoFaT*).

**4.2.2.** Implement the Research Protocol for nuclear-related research and to ensure that local Marshallese counterparts are participating in all external-led research on nuclear testing impacts (*NNC/MoFaT/MoCIA*).

**4.2.3.** Make it a prerequisite for all future DOE-led research that DOE provides abstracts of all its published research and works with the RMI Government to have all published work translated into Marshallese (*MoFaT*).

**4.2.4.** Develop a list of individuals to serve as local research partners, collaborators, translators, etc, to work with external researchers conducting nuclear-related research in the RMI (*NNC/MIMA*).

## Education & Awareness

**Goal 5: Present and future generations of Marshallese possess strong awareness of all aspects of the U.S. nuclear testing program in the Marshall Islands.**

### **Objective 5.1:**

Communities have the knowledge, understanding, and leadership capacity to address the impacts of nuclear testing.

## **Actions**

**5.1.1** NNC to work with the Public School System (PSS) and REACH-MI on an annual basis to develop a comprehensive Nuclear Legacy Curriculum for use in all Public Schools throughout the Marshall Islands.

**5.1.2** NNC to collaborate with REACH-MI to implement regular public awareness campaigns for Marshallese youth programs (e.g. CMI Nuclear Club, IOM Youth Group, etc) and to develop regular (monthly/quarterly) general public awareness campaigns, using social media, radio, print media, and other appropriate communication tools.

**5.1.3** NNC and REACH-MI to work closely with relevant CROP agencies (Pacific Islands Forum, Pacific Community, University of the South Pacific, Pacific Regional Environment Program) to develop information materials to educate Pacific Island audiences (MoFaT/PSS/NNC).

## Education & Awareness

**Goal 5:** Present and future generations of Marshallese possess strong awareness of all aspects of the U.S. nuclear testing program in the Marshall Islands.

**Objective 5.2:** Future generations possess strong knowledge of their nuclear history and have the information and capacity to continue to address outstanding, ongoing, and future challenges.

## Actions

**5.2.1** Explore the establishment of a National Nuclear Archive, with support from international donors and partners (*Alele Museum (MoCIA)/REACH-MI/CMI-Nuclear Institute/NNC/MoFaT*).

**5.2.2.** NNC to continue to work closely with REACH-MI and PSS to ensure that the nuclear legacy curriculum is resulting in a measurable and quantifiable improvement in the level of understanding and knowledge among students, over time.

**5.2.3.** Work collectively with REACH-MI and other national entities to establish a memorial or monument to commemorate the hundreds of Marshallese who sacrificed their health and homeland for the U.S. nuclear weapons testing program, that recognizes their contribution to international peace and security.

**5.2.4.** Coordinate with local NGOs, the CMI Nuclear Institute, regional agencies, and others with shared educational goals to combine resources and collaborate in the development of information materials and information campaigns targeting youth populations.

## Recommendations to Support Implementation

Implementation of the *NNC Strategy* requires a clarification of certain key roles as well as strong commitment on the part of all stakeholders. An adherence to the Core Principles identified at the beginning will also contribute to success in implementation.

### The Role of the NNC

The NNC serves a facilitating role to ensure implementation of the *NNC Strategy* by focusing on stakeholder outreach and communication. The NNC will work closely with the relevant national and local government entities as well as NGOs, communities, and individuals to convene a quarterly, but no less frequent than every six months, consultation to review implementation of the actions in each of the five pillars. Regular consultation will ensure that the principles of collaboration, shared responsibility, and information sharing are taking place. It will also ensure that implementation challenges are addressed and that progress toward nuclear justice is being made.

### The Role of the RMI Embassy in Washington, D.C

The RMI Embassy in Washington, D.C. plays a uniquely critical role in nuclear justice, simply based on its accreditation to the U.S. Government. The Embassy is at the front line of RMI's efforts to work with the U.S. to address outstanding nuclear testing issues and thus, there is a heavy reliance on the Ambassador and staff to carry out a significant responsibility. The RMI Government should consider establishing a new post at the Embassy to concentrate solely on nuclear justice issues, in support of the RMI Ambassador and staff. A dedicated post to nuclear justice work would ensure consistent and sustained focus on actions directed at working with U.S. Government officials.

### The Court of Public Opinion

A robust Public Relations/Communications Strategy, with a corresponding budget and resources, will be necessary to support actions toward achieving nuclear justice. Public relations campaigns convey the efforts of the RMI to the wider international community and garners support from the general public that in turn, influences public policy in respective countries. Just as nuclear justice cannot be achieved by one single entity within the RMI, neither can it be achieved by the RMI, alone. Our story and our efforts must be shared often and widely outside the RMI with the goal of generating support and advocacy from the international community. Pending adoption of the *NNC Strategy*, a corresponding public relations campaign should be developed and implemented, as appropriate.



## Coordinated Messaging

The RMI Government needs a set of internally coordinated messages about nuclear justice efforts that leaders and officials can use when speaking to media and foreign officials. These messages must be able to clearly and concisely convey the key points about the nuclear legacy and in the proper context without putting other sectors at risk, i.e. when discussing radioactivity in the marine environment and the implications for RMI's fisheries sector. Effective messaging works together with public relations efforts to generate support among the wider general public for nuclear justice for the RMI.

## Annual Review

The *NNC Strategy* will require annual review to ensure that actions are having the intended effect and continue to be aligned with community needs and priorities, as well as to ensure that the required level of resources are still available. A comprehensive review and update of the *NNC Strategy*, led by the NNC, should take place during FY23 to allow time for an updated successor *Strategy* for FY24-FY27.

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## Appendices\*

1. Appendix A: List of consultations
2. Appendix B: Excerpt of the Nuclear Legacy section of the PSS Curriculum
3. Appendix C: U.S. Administration Response to the CCP
4. Appendix D: List of Atolls and their Radiation Exposure Levels
5. Appendix E: UN Report of the Special Rapporteur

*\*All documents referenced in the NNC Strategy are accessible through the NNC. Please contact NNC Secretary Keyoka P. Kabua at [secretary@rminuclearcommission.net](mailto:secretary@rminuclearcommission.net) for further information.*

From top left: Students march at the Nuclear Victims Remembrance Day Activities, March 1, 2019; CMI Nuclear Club students, CMI Nuclear Institute Director Ms. Mary Silk, and H.E. President Hilda C. Heine pose with Nuclear Club posters at Nuclear Victims Remembrance Day activities in Majuro, March 1, 2019. Source: Daisy Alik Momotaro, MP.

