



## Episode Six: Collateral Damage

**THE MYSTERY:** Why has the rate of both chronic and infectious diseases in the Marshall Islands significantly increased since establishing a close relationship with the United States?

### THEMES:

1. Globalization, uneven development, and military policies have an impact on poverty, hope, and health.
2. U.S. policy in the Pacific has affected the health of Marshall Islanders directly and indirectly.
3. Social changes that improve living standards can strengthen immune systems and increase resilience against disease.

### COMPREHENSION QUESTIONS:

- Two billion people, one third of the world's population, have been exposed to tuberculosis, but only a small fraction, nine million people a year, become infected. Why? What is the drug regimen for treating the disease? What can happen if an individual doesn't complete his or her drug course?
- In the early part of the 20th century, tuberculosis was a leading killer in American cities. What caused the TB rate to drop 76% between 1900-1940, even before drugs to combat the disease had been invented? What factors contribute to outbreaks in poor communities today?
- Between 1946 and 1958, 67 nuclear devices were detonated on and around the northernmost Marshall Islands. How did the radiation from these test blasts affect residents of nearby islands? How does it continue to affect their health today?
- Dr. Neal Palafox says that for Marshall Islanders, displacement and cultural loss have been more damaging to health than the actual effects of nuclear testing. What does he mean? How does being relocated 50 years ago affect livelihood, living conditions, diet and people's sense of hope and opportunity, even today?

- How has the presence of the U.S. Ronald Reagan Ballistic Missile Base on Kwajalein affected the health of Marshall Islanders on the neighboring island of Ebeye? Why is it so crowded?
  - Contrast living conditions on Kwajalein and Ebeye. What kinds of daily stressors do poor Marshallese on Ebeye encounter that American residents of the U.S. military base on the Marshall Islands do not?
  - Why are conditions so different? Who has the power to make changes?
- In the film, Dr. Palafox also says that the Marshallese suffer the health effects of both the developing and industrialized world. In what ways? What social conditions contribute to high rates of both communicable and chronic illnesses in the Marshall Islands?
- Why do so many Marshall Islanders end up in Springdale, Arkansas? According to the public health nurse in the film, what conditions make the adjustment difficult for them and what social factors contribute to tuberculosis outbreaks there?

## DISCUSSION QUESTIONS:

- What role did the imbalance of power between a nation like the U.S. and the Marshall Islands play in the decision to conduct nuclear tests there? How might that decision differed if the islands were closer to U.S. territory or home to people of European heritage or descent?
- What responsibility do you think the U.S. has to improve living conditions on Ebeye? What do you think should be done? Consider the potential impact of different kinds of interventions (better services, economic aid, political pressure, removal of the U.S. base).
- What has pushed many Marshallese off outer islands and what pulls them to Ebeye, even though it is so poor and overcrowded? How is this pattern repeated in other places where U.S. military bases or other large employers are located in poor countries? What can be done to create better health conditions?
- How have globalization and the U.S. military presence disrupted the economy, culture and diet of the Marshallese? Is it desirable (or even possible) for them to return to traditional ways? What about other forms of empowerment?
- More than 1,100 Marshallese work on Kwajalein but they are not allowed to live there and must commute by ferry to the neighboring island of Ebeye. How would you feel if a foreign power, say, France or China, occupied a slice of land in the United States and employed Americans but didn't allow Americans to live there?
- Former health minister Tony De Brum says: "Providing more doctors or nurses on Ebeye is not going to solve [the health] problem. There has to be a political decision made." What is he referring to? Do you agree? Contrast a medical approach to tuberculosis to one that addresses the social determinants of health.

- Dr. Jim Yong Kim says, “We have more than enough resources to provide treatment, prevention, and to transform the economic and social conditions that give rise to the diseases of poverty like tuberculosis that are so prevalent today.” Why haven’t we done so? What factors make it difficult for the Marshallese government to make changes on its own?
- Physician Neil Palafox says, “Poverty creates a dynamic in individuals where they feel they don’t control their lives or anything that occurs in their lives.” What kinds of policy changes might give the Marshallese a greater sense of control over their lives and/or increase the choices available to them in terms of work, residence, and health? Is there a similar dynamic at work in poor communities in the United States?
- What are the prospects for the Marshallese now living in Arkansas? What does the narrator mean when he says that the Marshallese who have immigrated to Arkansas “can leave the impoverished conditions of their homeland behind, but they can’t leave behind the effects of having lived in poverty?”

### **SUGGESTED ACTIVITY: PUBLIC HEALTH TASK FORCE**

Imagine that you are a Marshallese public health official and the U.S. military has just offered you a \$20 million dollar grant to eradicate tuberculosis. What would you do?

1. Divide everyone into small groups. The instructions below apply to each group.
2. Make a list of who should be involved in deciding how the funds should be spent.
3. Weigh the pros and cons of each of the following approaches:
  - MEDICAL – distribute drugs, provide more nurses, doctors, hospitals and better testing.
  - PHYSICAL CONDITIONS – replace deteriorating buildings with new facilities, remove waste, improve infrastructure and sanitation.
  - PROGRAMS AND SERVICES – provide job training, income assistance, improve schools, provide family supports.
  - ECONOMIC DEVELOPMENT – (1) invest in small, sustainable enterprises that provide jobs by producing goods and services to Marshallese; (2) invest in larger enterprises that provide jobs and foreign exchange by producing goods for export.
  - CULTURAL CONDITIONS – sponsor programs to connect people to traditional diet, navigational skills and other cultural traditions, strengthen community ties and involvement and cultivate cultural pride.
  - COMMUNITY ORGANIZING AND EMPOWERMENT – support community and labor organizations that give a voice to Marshallese people and engage them fully in the political and economic development process.
  - OTHER?

4. Develop a set of recommendations for how the money should be spent based on what you've learned. Be prepared to prioritize (what you would do first if you don't have enough money to do everything) and to justify your recommendations. As a bonus, you can make suggestions on how to leverage the funds and/or obtain more.
5. When each team is finished, bring everyone together to compare recommendations and share ideas. For advanced groups, you might have people debate which recommendations are best and/or have a group play mediator and make the final decision based upon the presentations.
6. Afterwards (perhaps in a follow-up session), debrief with the group. You might ask:
  - a. how people felt about the exercise, particularly how they felt about having to make hard policy choices
  - b. what lessons they will take away from it, perhaps in terms of ensuring proper engagement of those most affected by the decision-making process or the limitations of using a single line of approach to tackle a complex issue

**NOTE: Depending on the size and sophistication of your group, you may also want to try one of the following variations on this activity, or make up your own:**

(1) Follow the instructions but assign each team to one of the categories above and have them base their recommendations solely on that approach. Have the entire group then come together and debate the merits of the different approaches and come up with a consensus or have an additional team judge the effectiveness of one approach versus another.

(2) Address these issues through role-playing. Assign everyone in the room a particular role and through discussion, let the group develop recommendations on how to spend the funds. Task force members might include: a representative from the executive branch of the Marshallese government, a U.S. policy maker from Washington, DC, a U.S. military representative from the base on Kwajalein, a senator representing Ebeye, public health workers, economic advisors, "experts" who have successfully confronted tuberculosis elsewhere in the world, neighborhood leaders, a leader of Marshallese employees at Kwajalein, representatives of aid and human rights organizations working with Pacific Islander groups, family members who have lost someone to TB, local landowners and business leaders, etc. Advanced groups who have the opportunity might do research ahead of time to prepare.



#### **WEB SITE TIPS:**

**Resources:** Find articles, research, transcripts and more in **the Health Equity database.**

**Web-Exclusive Video:** Learn more about the **effects of atomic testing** in the Marshall Islands.

**Case Study:** Read about the Marshall Islands' **push/pull relationship with the U.S.**

## KEY REFERENCES:

Accounts of U.S. payments for damage done by nuclear testing in the Marshall Islands are available at: [www.nuclearclaimstribunal.com/](http://www.nuclearclaimstribunal.com/)

“Addressing Poverty in TB Control” (World Health Organization) and “Economic Benefits of Tuberculosis Control” (World Bank) are available for download at: [www.who.int/tb/challenges/poverty/en/](http://www.who.int/tb/challenges/poverty/en/)

Goodall, Jane and Rick Asselta. “Remembering the Marshall Islands,” *San Francisco Chronicle*, June 30, 2006. Reprinted online at [http://www.wagingpeace.org/articles/2006/06/28\\_goodall\\_remembering-marshall.htm](http://www.wagingpeace.org/articles/2006/06/28_goodall_remembering-marshall.htm).

Jackson, Bernice Powell. “Perspectives: The U.S. and the Marshall Islands.” *The Final Call Online Edition*, October 4, 2002. [www.finalcall.com/perspectives/marshall\\_islands10-01-2002.htm](http://www.finalcall.com/perspectives/marshall_islands10-01-2002.htm).

The Web site of the Embassy of the Republic of the Marshall Islands includes health statistics, information on history and culture, and a section on nuclear issues: [www.rmiembassy.org/index.htm](http://www.rmiembassy.org/index.htm)

Pacific Islands News Association – [www.pinanius.com](http://www.pinanius.com)

Pacific Magazine, a news outlet for Oceania, frequently reports on health-related issues in the Marshall Islands: <http://www.pacificmagazine.net/>

Williams, Deann Perez and Ann Hampton. “Barriers to Health Services Perceived by Marshallese Immigrants,” *Journal of Immigrant Health* 7 (October 2005): 4.

Wypijewski, Joann. “This in Only a Test: Missile Defense Makes Its Mark in the Marshall Islands,” *Harper’s Magazine*, December 2001: 41-51.

### From the film:

- The U.S. took control of the Marshall Islands from the Japanese in 1944 and kept control until an independent republic was formed in the late 1970s.
- More than 1,100 Marshallese work on the U.S. military installation on Kwajalein Island but they are not allowed to live there.
- TB rates among the Marshallese are 23 times higher than in the U.S. Life expectancy is 15 years less.
- Infant mortality in the U.S. is 7 deaths per 1,000 live births. For the Marshall Islands, it is 52 per 1,000.
- Americans living on Kwajalein have health outcomes similar to the U.S.
- In the Marshall Islands, about 30% of the population has diabetes. In the U.S., approximately 7% of the population has diabetes.