

French nuclear tests in the Pacific – Health effects and recognition

Dr Peter Wigg, 2014

The French bomb

In October 1945, after the bombings of Hiroshima and Nagasaki, General Charles de Gaulle announced his intention that France should also get the bomb. French nuclear testing began in 1960 by which time there was already global scientific discussion of the adverse health effects of nuclear experimentation, subsequent to the US testing in the Marshall Islands and a 1956 follow-up study of the people of Rongelap Island. In 1966, following six years of testing in Algeria, France set up the Pacific Centre of Experimentation (CEP) in French Polynesia. This then led France's nuclear test program, conducting 46 atmospheric and 147 underground tests up until 1996. One responsibility of the CEP was to manage the health of all military and civilian workers on their sites, and for decades the French government maintained that their tests had been 'particularly clean'. Organisations of nuclear test victims have collected testimonies, however, which strongly contradict this official position.

Role of the French government

Witness testimony provides crucial documentation in the absence of substantive scientific data recorded at the time. This testimony also suggests that the lack of scientific information is a cover up rather than the result of neglect to obtain it. Its absence makes it difficult for affected workers and locals to establish the truth about what happened to them. Despite this, it is clear that the health consequences of the tests have been more serious and further reaching than French authorities concede.

The official lack of scientific information is questionable anyway, given that the CEP was fully controlled by the French military until 1985, and the absence of health monitoring raises suspicions of neglect on the part of the French authorities. Veteran's testimonies at a 2002 conference ¹ then established that health monitoring was conducted after all by the French army on the island of Tureia, 100kms from Moruroa, on at least ten occasions between 1966 and 1974, to measure the 'collateral effects' of the nuclear program.

¹ Nuclear Tests and Health: Proceedings of the Conference of Jan. 19, 2002, in the Senate.

Health studies and their limitations

In addition, a feature of scientific studies that have been undertaken by the French authorities is a limitation of the geographical area studied and hence, of affected populations. This is of particular importance with regard to atmospheric tests, in which nuclear explosions took place hundreds of metres above sea level, and the possibility for far-reaching fallout is high and further complicated by changing meteorological factors. Setting small geographical zones for possible victims fails to acknowledge the nature of the tests themselves, and excludes any number of cases that may have resulted from far-reaching fallout or, indeed, contamination of food sources.

A report by INSERM (the National Institute of Health and Medical Research) released in September 1998 dismissed high rates of illnesses on the basis that they were outside of the affected zone. Yet the researchers themselves acknowledged a number of gaps in their knowledge, including the problem that they only had access to files from 1984 onwards. This weakens the findings of the study. According to epidemiologist Florent Valthaire, it was chiefly compromised, however, by its geographical restrictions. These limited the study to considering effects within 500kms. Only 3,828 inhabitants lived in this area between 1985 and 1995. The report did, however, remark that the incidence of thyroid cancer in Polynesians was higher than in the two populations of reference, being New Zealand and Hawaii.

A comparison of the findings in Polynesian population with those in British test veterans has also turned up interesting results. Incidences of leukaemia and multiple myeloma are the same in both groups. The incidence of these cancers amongst the British test veterans is also 50% higher than in a British control group. Close to two thirds of the British veterans have died before the age of 60 and one in seven could not have children after participating in the tests. If we assume that the effect of radiation on Polynesians is similar to that on British test veterans, there is much more radiation-induced illness in Polynesia than has ever been acknowledged by the French government.

The role of survivor's associations

Two nuclear survivor organisations, Moruroa e tatou representing Polynesian workers and AVEN representing French nuclear veterans, have thrown further doubt on the official French position since their creation in 2001.

Victims at the 2002 conference testified that employees wore little protective gear, that a number of test accidents occurred, and that environmental factors, such as winds, cyclones and rain, spread the fallout far and wide. This testimony and the fact that there have since been high incidences of cancer and radiation-related illnesses amongst the nuclear veterans and local populations must call into question the position and actions of the French authorities.

The lack of statistical data on these illnesses, and the failure of the French military to make their archives available, protects the official French position on the safety of the tests.

French legislation

After years of using the lack of available evidence to avoid accepting responsibility, the French government passed a compensation law for the victims of their nuclear test program in 2010: the Morin law – named after the Minister of Defence at the time. The narrowness of law's criteria with regard to geographical locations covered and illnesses that might be suffered meant that only 4, of over 700 cases have so far received even partial compensation². All were military veterans. No Polynesians have received any compensation. The Longuet Decree of April 2012, attempted to improve the effectiveness of the law, but has not yet seen any more cases receive compensation. Lack of transparency, including a 2008 decision to forbid access to nuclear archives – even those containing personal medical records – remains a major impediment.

By comparison, a compensation law in the United States in place since 1988³, though not without problems, has granted significant indemnities to thousands of victims.

Hope at last for the test victims?

In September 2012 the French Minister for Culture, Aurélie Filippetti, alluded in an interview with French daily *Le Monde* to an intention of the newly-elected Hollande government to open up the archives previously deemed 'incommunicable.' This would represent a significant advance for both servicemen and civilians.

² Nic Maclellan 1998 – Chapter 6 in France in the South Pacific

³ 2002 – Nuclear Tests and Health: Proceedings of the Conference, p.12