

ARKANSAS ATOLL – EPISODE 4

Obed Lamy (00:00):

This episode was produced in summer 2020. Since then, statistics may have changed.

Faith Laukon (00:06)

My mom, you know, she was just born, and she went back to an island that was contaminated. It wasn't her fault that the island was contaminated, and so she shouldn't be the one to have to pay for her doctor bills. She shouldn't. It's an injustice.

Neisen Laukon (00:25):

I went there in 1957. My family. That three years after the powder fell on the islands. The United States and the United Nations or Marshall Islands—they decided to take us back to our islands, Kwajalein.

[Theme music begins]

Obed Lamy (00:50):

You just heard from Neisen talking about moving back at four years old to the island where she was born following the nuclear test. The powder she references is nuclear fallout. Welcome back to Arkansas Atoll podcast. My name is Obed Lamy. In a previous episode, I spoke with Neisen Laukon and her daughter Faith Laukon about their experiences with the ongoing coronavirus epidemic in Northwest Arkansas. In this episode, we will learn more about the health challenges Marshallese are facing in their community.

Neisen (01:30):

I didn't understand a lot of things when I was growing up. I know that I thought everything was okay. The doctors, they came to our island, they call themselves AC doctors. I don't know what that means, but they came to our islands every January to check the people, you know, for radiation, you know. Never tell—told us about anything. You know, we didn't understand anything. I just knew that they told us not to eat a couple kinds of food. Like arrowroots that grow underground, arrowroots. They're like potatoes, you know, or starch, you know. Whenever we eat that arrowroots that I was telling you about, you know, we experience a blister in our mouth or blister in our throat, sore throat, and stuff like that. But I didn't think anything about it until I got sick about that. You know.

Dr. Sheldon Riklon (02:46):

If you change a culture by destroying the islands, then you're basically changing the whole way of living for the Marshallese people.

Lamy (02:58):

Dr. Sheldon Riklon is a family physician from the Marshall Islands. In a previous episode, he explained how a cultural and a dietary change resulting from the nuclear testing program gave rise to health problems for the Marshallese.

Riklon (03:12)

Originally we definitely were traditionally a very healthy people 'cause, you know, we would eat off the sea and eat off the land and exercise and till the soil and do our *copra* and all those kinds of things. But through the years, through Westernization, through the U.S. nuclear weapons testing program that limited us from accessing the nutritious foods from our own islands and atolls, you know, then our diet has changed.

Lamy (03:43):

As Neisen mentioned, after the U.S. nuclear test, it wasn't safe for the Marshallese to farm or fish because of the radiation in the land and the water of the islands. The Marshallese lifestyle changed and became more dependent on buying food instead.

Riklon (03:59):

So now we're more dependent on imported foods, you know, processed foods. So corned beef, Spam, all those kinds of things are common that, you know, we eat from them. Even canned, you know, vegetables and such.

Lamy (04:16):

Neisen moved to the United States in 1975 and experienced culture shock, especially when it came to food commodification.

Niesen (04:31):

It was like coming from a hot, hot place to a very, very cold place because I came in November, and it was getting cold, you know, here. And wow, everything was new to me. I mean, everything, everything was new. Back home, you know, where I grew up, you know, we cook outside, we don't have all that, you know, toilet and stuff like that. That are all outside, you know, away from the—you know. So everything was new, everything was good here. But the thing was, you know, there was not enough money to—I mean, over here, you just have to have money, you know. Go to school and raising a family and live on America, you got to have money. And it was really hard, very, very hard. I had to learn to—when I came, I didn't really speak English that good. So I had to learn to speak it. I had to learn your ways of, you know, things. You know, like paying bills every month. Every month a bill come in. So I mean, back home, you know, you don't really—I didn't really have all that. You know, I didn't have to worry about money. You know, if I am hungry, I go and climb a coconut tree or go fishing or whatever. But up here, you gotta have money to go to Walmart or go place to buy food and stuff like that. So it was hard, very, very hard.

Riklon (06:28):

With that diet, with very dependent on working, you know, because we're, you know, Westernized now and with the money, you know, needing that to support a family, then we don't exercise as much. We don't do things, go out fishing as much like we used to in the past. So, you know, diabetes definitely is high there. Diabetes in the Marshallese public is quite prevalent depending what sources you look at, but it's ranged between 25 to sometimes 40% prevalency, prevalence rate among the Marshallese. That's compared to the U.S. at 8.8%. So it is definitely prevalent in the Marshallese population. And also the complications from it. So in the islands—you know, you would think, you know, because you are from the Marshall Islands and you're from the island atmosphere or environment that you shouldn't get diabetes, that you actually should be surrounded by all the good, nutritious foods that you should be eating from that. But part of it is because, you know, the diet has changed. The diet, the Marshallese diet has changed quite a bit. When we move out of the islands, whether it's to Hawaii or to Oregon or to Arkansas, we come with the same, you know, chronic disease burdens with us.

Lamy (07:50):

Diabetes from a diet of imported and processed food and a more sedentary lifestyle is a huge health issue among Marshallese people. But the Marshallese also deal with the health effects of radiation exposure. Here is Faith again.

Faith (08:07):

And then all of a sudden, she started getting sick. And she—the doctors didn't know what was causing her illness. She'd have—and she still does. She had uncontrollable nosebleeds. When she's coughing, she's coughing up blood. When she starts coughing, she coughs for long periods of time without stopping. She is losing her hair. She had, oh, she has holes growing in her ears, both of them. She had surgery on both of them to stop the holes from growing, but they're still growing. They took out her lymph node and—'cause they thought she probably had thyroid cancer, but it wasn't.

Niesen (08:52):

I told him all about the bomb and all that radiation and I grew up on the island, but that was radiated and all that. I told all my doctors. I told everybody that I come in contact with, you know, if they asked me about my sickness, what's going on. I said, I think it's that bomb, or I don't know. But whenever I talked to them, they didn't believe it. They don't think that it was from the bomb. You know, they asked me a lot of, you know, funny questions like, is your bathtub dirty? Do you go to swim in the swimming pool, public swimming pool, or the lake, you know, things like that, you know. Instead of, you know, telling me really what caused the—you know, when I asked him what caused that infected lymph node and why it was so hard to get rid of it.

Lamy (09:47):

Neisen has spent years looking for a treatment for her disease. In her journey she has encountered some American physician who are seemingly unfamiliar with the nuclear weapon testing program or the long-term effects of radiation exposure on the Marshallese.

Niesen (10:03):

You know, I think maybe that was from that one, but I didn't know, I'm not a doctor. I was just telling them what I think, but they didn't believe me. I mean, they didn't think—whatever I was telling them. I don't know if they believe it or if they didn't want to tell me or what. But it seemed like some of them didn't know about the bomb that was created in the Marshall Island. I said, "Hey, that should be in your history book because that bomb was the first hydrogen bomb that was created in the Marshall Islands. And it was three times worse than the one that fall on Hiroshima." So I said, "You guys should know about that."

Faith (10:53):

And so since it's not cancer, then DOE doesn't take care of it, which is kind of stupid. But yeah, unless it's cancer, unless it's a nuclear-related type cancer, then DOE won't take care of any of her doctor bills.

Lamy (11:17):

Since 1977, the Department of Energy has monitored the effects of the radioactive materials remaining in the Marshall Islands on the environment, health, and safety of the population. As a result, the U.S. government has acknowledged 35 categories of health effects of the nuclear test on the Marshall Islanders. Medical treatment and a monetary compensation were offered to the Marshallese patients suffering from this disease. Neisen was not eligible for this program.

Faith (11:48):

So she's got hundreds of thousands of dollars in doctor bills that she is still paying off till today. And she went back to work at Tyson. She works at Tyson so that she can pay her doctor bills, and she shouldn't have to do that. She's already retired.

Lamy (12:14):

When we recorded this interview with Faith in February, 2020, none of us saw the COVID-19 outbreak coming. As we mentioned in the episode before, there is an entirely other set of health issues that come with working at Tyson right now during the coronavirus pandemic. This adds to the complexity of Niesen's health situation.

Faith (12:35):

She's sickly, she's old. She should be compensated for what she's gone through. And not just her, but everybody that is going through what she's going through. We're not asking for, you know, every generation to be compensated, but especially if you're sick, you should be compensated.

Lamy (13:02):

Although Niesen works in the United States and came here as a nuclear refugee, she and other Marshallese in the U.S. do not have the same access to healthcare as American citizens.

Riklon (13:14):

This is the—so these Medicaid programs, state and federal—all of us Marshallese and anybody from the Compact of Free Association nations who are working in the U.S. it's the same programs that we contribute our taxes into as well. So any—you know, our paychecks, when you go to the grocery stores, and all those kinds of things, we pay our taxes. But it's the same programs that we are not eligible for. So because of that, it limits the access to healthcare for the Marshallese, you know. And you know, as a family physician in Springdale, you know, you see that a lot, and it's difficult because most of them need to see a doctor. Most of them want to go and visit their doctor, but they're not able to because they will need to pay out of pocket.

Riklon (14:13):

Well, you know, you can think about it, right? You know, if you don't have access to medical care, so you really cannot access to care that you need to kinda keep yourself healthy, you really don't have access to care that you need to at least control whatever chronic diseases you have or anything that has to do with healthcare. So, because you don't have that, you avoid it. You avoid going to see the doctor 'cause you cannot afford it. And so you eventually—when only you're sick, that's when you go and see the doctor. But when—only when you're sick. Most of the time it's so bad that you don't go to the clinics, you go to the hospital, you go to the emergency rooms, which is quite expensive as well. So it adds on to the financial burden of the facilities, aside from the patients and their families. But if you have chronic diseases like diabetes and hypertension and kidney disease and heart disease, and you're not taking care of it because you're not going to seek the healthcare you need, it gets worse and worse and worse.

Lamy (15:23):

In a previous episode, we discussed the 1996 Healthcare Reform Act. Before this act was passed, the Marshallese and other Compact of Free Association taxpayers in America were eligible to qualify for federal Medicaid programs. The passing of the act restricted the ability of Marshallese nuclear refugee to access affordable healthcare.

Riklon (15:45):

And I know of patients where basically they need to be on dialysis. You know, their kidneys are not working anymore because their diabetes, their hypertension, have not been controlled because they cannot go see the primary care doctor because they don't have insurance. So they need to be on dialysis, but they cannot be on dialysis because they don't have insurance. And they cannot apply for Medicaid programs to get the insurance so they can be on dialysis. So for them, it's a choice of what they want to do, you know, either staying here and, you know, eventually

going ERs every once in a while because they feel bad, and they fix them, and they send them out, but it doesn't fix the whole problem, or going back to the islands, basically to die, or move to a different state that has a state Medicaid program that you're qualified for. And most of them, it's not an easy move. I mean, think about it. You know, if you are told today that, you know, you need to be on dialysis, you need to pack your bags and go somewhere else. That's not an easy thing. So most of them, they go back and forth. You know, some of them go to the islands, some of them go to different states. The ones that remain here usually end up going to the ER a couple of times a year, a couple of times a week just so that they can get their dialysis.

Lamy (17:10):

Many nonprofit organizations, such as the Arkansas Coalition of Marshallese, the Arkansas Advocates for Children and Families, the National Council of Asian Pacific Islander Physicians have long been involved in the issue to improve the health of Marshallese families. This advocacy work has taken activists to the U.S. Congress in Washington to convince rule makers to reverse the act of 1996 for Compact of Free Association residents in the U.S.

Riklon (17:40):

For me at this point it's that reversal of the 1996 act. You know, that basically, if we can do that, not—and you know, and it would be great if the efforts also come from Arkansas because we have a large population of Marshallese here. So we're part of the community. We definitely have, you know, productive community members for Arkansas, and wherever we are, you know, we do our due diligence and making sure that we do our contributions into it. But you know, it's really hard for us to be productive members if we don't have the access to healthcare that we should. And you know, that's the whole idea of reversing this. You know, we need to make sure that if Arkansas is health for all, or we need to keep Arkansas healthy, we need to make sure that all people, all communities that are living in Arkansas, have access to healthcare, and reversing that for the Marshallese and other CoFA citizens in the state and other states, it's going to do a lot for them and for the states to become more productive members of their society

Lamy (18:48):

During his career, Dr. Riklon had worked for several years in the Marshall Islands and Hawaii, where he opened his degree in medicine. He is now the first Marshallese physician in Northwest Arkansas, a community where, as Neisen described earlier, there were cultural barriers and misunderstanding about the history of the American atomic test on the Marshall Islands among patients and healthcare providers.

Riklon (19:14):

They're very comfortable now. When they come and see me at the clinic in Springdale, they're very comfortable. You could see them when, you know, when I first started working there and the elderly folks would come into the clinic and I would walk into the clinic room and they see me, and I started speaking to them in

a Marshallese, they're—you could see and sense their sense of relief. Because then you could just see them open up. And you know, they basically see that—like, "Oh, finally, I can speak my mind in my language. I can tell you exactly what I need, because nobody has gotten what I've been trying to tell them." And you can see that. So it felt really good for me. I mean, to listen to them go, "Okay, finally, you know, at least I connect." But you know, it wasn't just one person. You could see others that came in and others that I knew from the past that I'm now in front of them as their physician. And you know, I think that's made some difference. I'm hoping at least that it made some change, but I know that there's more Marshallese that are coming to the clinic that I'm working at now. Many of them are actually coming in on a regular basis. And I think there's more new patients that are from the Marshallese community here that come and see me and others are also there, but they're more comfortable in coming to seek the health care that they seek there.

Lamy (20:37):

Dr. Riklon, along with other community leaders, is dedicated to helping the Marshallese diaspora in Northwest Arkansas. And although the community has become a home away from home for many, it will never be the islands.

Niesen (20:52):

I just want to go back. I miss it. I miss my home. That's my home, so I miss it. I want to go. I go there all the time. In fact, I went there about two, three years ago. I—my oldest daughter is there. So I visit them sometimes. So I go a lot of times. But it's kind of expensive, really expensive to go back and forth. It takes about \$3,000, you know, to go there and back, you know, buy a ticket and then, you know, to live on that island. It's expensive. Everything is like imported, you know, so it's—everything is expensive, very expensive, back home.

Lamy (21:41):

How do you feel when you go back to the island?

Niesen (21:44):

Oh, I feel good. I like to go back. You know, even though a lot of things going on, I'd like to go back and live there, maybe die there.

Lamy (21:55):

When the Marshallese people were telling us about their own ways of living in the islands, I could easily picture that because, me, too, I am from an island, Haiti. So I know what it looks like and feels like to get your food safely from the land and the ocean, and because the story in my country is also negatively shaped by the intervention of powerful nations and climate change. I think it's important to tell these stories so people can understand when someone immigrates to another country, it's not always a joyful decision. Oftentimes, they have no choice. And although the host country might offer them better economic prospects, the dream of returning home one day never leaves them.

[Theme music begins]

Shane White (22:52):

Arkansas Atoll is a production of the Arkansas Story Vault project at The David and Barbara Pryor Center for Arkansas Oral and Visual History, Fulbright College of Arts and Sciences at the University of Arkansas. Shane White, Neba Evans, Obed Lamy, Octavia Rolle, and Sam Whitesell are the student producers for this podcast series. Sarah K. Moore and Colleen Thurston are the staff and faculty advisors to the project, with the guidance of Dr. William Schwab. Funding for this Arkansas Story Vault project was provided by a generous donation from the Walton Family Foundation. Our sincerest gratitude is extended to the Marshallese community of Northwest Arkansas for sharing their stories with us. For ways to support them during the COVID-19 crisis, visit impactnwa.org. That's impactnwa.org. The theme song used for this podcast series, and so that I don't butcher the correct pronunciation, in Mr. Tibon's own words is titled:

Jorelik Tibon:

Jiduul im Kaddol

Shane White:

We'd like to extend our many thanks to Mr Jorelik Tibon and producer Scott Stege for their musical contribution.

[Theme song continues] (24:36)

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