

# Compensation Measures for Victims of Nuclear Testing in China<sup>1</sup>

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## 1. Introduction

This article explores diagnostic criteria and administrative policies related to support measures for victims of nuclear tests in China.

On August 6, 1945, an atomic bomb was dropped on Hiroshima, and another on Nagasaki on August 9. Immediately after the bombings, Chinese newspaper People's Daily published an editorial concluding the atomic bombings were "war revolution and scientific revolution," and, in successive articles, it manifested concerns over U.S. domination of nuclear technology.

On February 2, 1953—during the Korean War, which started in 1950—then U.S. president Eisenhower referred to the possibility of using atomic bombs against China in his State of the Union Address. Development of the Cold War, for example the 1954-1955 Taiwan Strait Crisis, triggered the Chinese government to regard U.S. nuclear weapons policies as a security threat, and it determined to possess nuclear deterrence capabilities for its security.

In April 1955, the Union of Soviet Socialist Republics (USSR) agreed to construct cyclotrons and nuclear reactors for China, and China formulated the "12-Year Plan for Nuclear Development." It was then on October 16, 1964 that China conducted its first nuclear test at Lop Nur, Xinjiang Uygur Autonomous Region, and became the first nuclear power in Asia. China conducted its last atmospheric nuclear test on October 16, 1980, and its last underground nuclear test on July 29, 1996.

From 1964 to 1996, China conducted more than 40 nuclear tests, but the effects of the

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tests—on areas around the test sites or on the people living there and the military officers who participated in the tests—have remained unclear. Some retired veterans started reporting physical and psychological suffering in the 1970s and started to make petitions to the government for health protection and livelihood support. Around 2004, the 40th anniversary of the first Chinese nuclear test, a growing number of affected veterans started making petitions for governmental support. In response, the Chinese government formulated clinical criteria for diagnosis of radiation effects, and started medical examination, registration, and treatment of the veterans suffering radiation effects, such as those who participated in the nuclear testing at Base 21 (the former “Unit 8023”). Furthermore, it revised a system of health protection and livelihood support for veterans, which has entitled those engaged in the nuclear testing and suffering from radiation effects to governmental support.

This article explores the scientific and medical criteria for measuring radiation effects in China through an analysis of the compensation measures for retired veterans. Also, through analyzing funding sources and institutions that implement the measures, this article examines characteristics of the support system—for example, how it defines nuclear victims.

## **2. Transformation of Support Measures for Victims of Nuclear Testing in China**

### **2.1 Outline of the Victim Compensation System**

In China, support measures for the participants of nuclear testing have been formulated by the government in response to participants’ petitions for health protection and livelihood support. They include special support measures such as examination of the petitioners’ radiation exposure, clinical diagnosis of the radiation effects, and issuance of livelihood support compensation added to military pensions. See Table 1 for the list of primary policies for supporting nuclear victims and other related policies on military pensions.

### **2.2 Support Measures for Radiation Effects Based on Military Pensions and Social Insurance Program**

This subsection presents information on the criteria for certifying radiation effects, the military pension system, and the social insurance system. It is based on these that specific compensation measures for retired veterans of the former Unit 8023 are implemented, such as certification of their radiation effects, health protection, and

livelihood support.

Table 1: List of Primary Support Policies Related to Health Protection and Livelihood

Year	Policy Number	Contents and Characteristics
1979	<b>State Council Policy [1979] No. 300</b>	Examination and certification of radiation effects
2003	<b>State Council Policy [2003] No. 117</b>	Instruction of health protection and livelihood support
2005	<b>MCA Policy [2005] No. 57</b>	Clinical examination and certification of radiation effects
2006	MLSS Policy [2006] No. 17	Insurance for the retired veterans suffering radiation effects
	<b>MCA Policy [2006] No. 32</b>	Criteria of healthcare support and assured compensation for victims of radiation effects and their children
	<b>MCA Policy [2006] No. 51</b>	System to certificate radiation effects, such as designation of institutes responsible for clinical examinations and formulation of diagnostic criteria
	<b>MCA Policy [2006] No. 194</b>	Support for veterans' children suffering radiation effects
2007	MLSS Policy [2007] No. 28	Insurance and outplacement of retired veterans
	MCA Policy [2007] No. 99	Criteria for issuance of grants to retired veterans
	<b>MCA Policy [2007] No. 100</b>	Grants for retired veterans who do not meet the radiation effect criteria
	MCA Policy [2007] No. 101	Correction of the criteria for issuance of grants to retired veterans
	MCA Policy [2007] No. 102	Specification of grant eligibility and grant application procedures
	Publicity Department Policy [2007] No. 9	Advertisement and announcement of policies on retired veterans
	MoC Policy [2007] No. 172	Guarantee of livelihood support (ex. housing environment)
2008	MCA Policy [2008] No. 152	Command to local governments to formulate policies to achieve policy objectives
2009	MCA Policy [2009] No. 135	Criteria on support for retired veterans

Source: Created by the article's author, based on Shang 2015.

Note: **Boldfaced policies** target the former Unit 8023.

### 2.2.1 Criteria for Certifying Radiation Effects

In September 1980, China's first diagnostic criteria for radiation effects (GBW-1-80) was promulgated. In the next year, 1981, the Ministry of Health set up the "Committee on the Diagnostic Criteria for Radiation Diseases"<sup>2</sup> under the National Committee on Sanitary Criteria.

GBW-1-80 details diagnostic criteria for radiation effects caused by external radiation exposure (such as acute radiation syndrome, chronic radiation syndrome, and skin disease)

<sup>2</sup> Its current name is "Expert Committee on the Diagnostic Criteria for Radiation Diseases, National Health Standards Commission."

and those by internal exposure. It also presents a general guideline for handling cases. Moreover, based on laws and administrative policies like MoH&MLSS Policy [2002] No. 108, 18 kinds of diagnostic criteria for radiation effects were formulated. They include GBZ112-2002 and GBZ99-2002.

### **2.2.2 Military Pensions**

There are basic administrative policies which comprehensively specify a diverse range of welfare measures for active military officers and retired veterans regarding their health protection, job placement and outplacement, and livelihood support. These policies include MCA Policy [1997] No. 2, MCA & CMC Policy [2004] No. 413, and MCA Policy [2007] No. 34. These policies have served as the legal basis for compensations and other support policies for retired veterans of the former Unit 8023.

### **2.2.3 Social Insurance Program**

Social insurance policies are implemented under the multi-layered cooperation between the central government, local governments, and other institutions (e.g., companies). The legal basis of the implementation of these policies lies in, for example, GB/T 16180-1996, the Social Insurance Law, etc. As is later discussed, the retired veterans who have basic social insurance at their workplaces such as governments and companies obtain compensations through the social insurance system.

## **3. Criteria for Certifying Nuclear Testing Effects and Livelihood Support**

Support measures for victims of nuclear testing in China developed in the context in which recognition of health effects of radiation exposure grew, victims' health effects became more and more salient, and their challenging living conditions became a social problem. The Chinese government advanced the support measures—ranging from health protection to livelihood support and military pensions—based on certification of radiation effects.

### **3.1 Clinical Criteria and Treatment**

State Council Policy [1979] No. 300 is the first law that provided the diagnostic criteria for radiation effects that retired veterans suffered. It specifies concrete diagnostic criteria for radiation effects and standard amounts of grants for both retired and active military officers. Some of the diagnostic criteria and standards of grants are shown below:

- Those who were exposed to radiation of 50-90 mSv at one time or those who were exposed to radiation of more than 50 mSv in a year through works dealing with radioactive materials are granted financial support of up to 100 Chinese yuan, when the person switches jobs, quits jobs, or retires. Those who have already left for jobs in rural areas are not eligible for additional support.
- Those who were exposed to radiation of 100-1,000 mSv or those who were internally exposed to radiation of more than 600 mSv through ingestion of radioactive materials are placed under a four-year clinical follow-up and are entitled to hospitalization for a health examination once a year. If they retire from military service after the duration of the four years, the local governments have to arrange jobs for them. In addition, they receive a medical examination every other year for 15 years.
- Those who are engaged with work related to radiation receive medical examinations when they switch jobs, quit jobs, or retire. They submit an examination result card and a radiation dose card.
- The 546th Hospital of the Chinese People's Liberation Army is responsible for physical examinations and treatment of acute and chronic radiation syndromes.
- Expenses such as transportation fees and accommodation expenses necessary for treatment or therapy are to be covered by the organizations to which the entitled individuals belong. Official health insurance and labor insurance cover the cost of medical examinations as much as possible. Those who are diagnosed as radiation victims are entitled to financial support for treatment, which is to be provided by the organizations which employ them.
- All military officers who participate in nuclear testing are educated to gain scientific knowledge related to specifications of nuclear weapons, protective measures against radiation, radiology, etc.

Then in 2003, through State Council Policy [2003] No. 117, the central government clarified that they apply the military pension system defined by MCA Policy [1997] No. 2, etc. to support retired veterans of the former Unit 8023. This policy was formulated as a response to an inquiry from the Gansu Provincial People's Government, which received petitions from the retired veterans of the former Unit 8023 regarding insufficient healthcare they could get and their challenging living conditions. The main points of this policy are listed below:

- Based on MCA Policy [1997] No. 2<sup>3</sup>, MCA provides adequate compensation to the retired veterans who are certified to have radiation effects. The expenses are covered by the central government.
- If the retired veterans do not meet the radiation effect criteria, then they are entitled to compensations from their employers' accident insurance while they are under medical treatment. If they are unemployed, they are entitled to livelihood assistance grants from the local governments.

Furthermore, in 2005, MCA Policy [2005] No. 57 was issued. This policy provides that State Council Policy [2003] No. 117, which was formulated as a response to an inquiry from Gansu Province, is to be applied nationwide. The policy also provides that certification and diagnosis of the extent of radiation effects that Unit 8023 veterans suffer has to be finished by August 2005.

Moreover, in the next year, MCA Policy [2006] No. 51 clarified the details of the procedure for diagnosis and certification. For example, it specified the institutes and personnel responsible for the examinations, examination items, and criteria on radiation dose.

### **3.1.1 Institutions and Personnel Responsible for Medical Certification of Radiation Effects and Treatment**

When the retired veterans were in service at the former Unit 8023, they were exposed to a certain dose of radiation, but the details of their exposure and the exposure dose are often unclear. The radiation effects are diagnosed in medical examinations that are available to all kinds of workers. Their examinations are conducted at medical institutes which each province designates according to administrative policies such as President's Policy [2001] No. 60, MoH Policy [2002] No. 23, and MoH Policy [2002] No. 24. The institutes also have to be certified to conduct examinations of occupational diseases of "Workers of Operation Dealing with Radioactive Hazardous Substances" and to diagnose "Occupational Diseases from Radiation Exposure." At these institutes, certified doctors diagnose the patients.

### **3.1.2 Examination Items**

Based on MoH Policy [2002] No. 23, patients take such examinations as an internal medicine examination, a dermatology examination, an ophthalmic examination, a blood

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<sup>3</sup> MCA Policy [1997] No. 2, "Interim Measures for Support for Persons with Disabilities," was promulgated in 1997. It was later updated to "Measures for Support for Persons with Disabilities" based on the "Policy on Prioritized Treatment of Support for Military Personnel." The current criteria were updated in 2019.

test, an urinalysis, a kidney function test, a liver function test, an electrocardiogram, a B-mode abdominal ultrasound test, a chest X-ray, etc.

### **3.1.3 Kinds of Radiation Effects**

MoH&MLSS Policy [2002] No. 108 defines “Occupational Diseases from Radiation Exposure” as one of the seven kinds of occupational diseases. They include the following 11 kinds of radiation effects: acute, subacute radiation, and chronic radiation syndromes from external exposure, symptoms from internal exposure, radiation dermatitides, cancers, bone damages, thyroid diseases, glandular diseases, compound damage, and other radiation effects that can be certified based on GBZ112-2002.

### **3.1.4 Rules on Criteria on Exposure Dose and Certification of Radiation Effects**

There are 19 kinds of criteria on diagnosis of radiation effects. They include GBZ99-2002, and GBZ95-2002, GBZ99-2002, and GBZ112-2002.

## **3.2 Livelihood Support System Based on Military Pension System**

In the 1970s, a growing number of retired veterans made petitions to the government regarding radiation effects and health protection. This led to the development of a comprehensive compensation system for retired veterans in the 2000s. This system entitles the veterans of the former Unit 8023 to military pensions.

MLSS Policy [2006] No. 17 and MCA Policy [2006] No. 32 regulate the programs that target retired volunteer soldiers, retired veterans of the Vietnam War, retired veterans of the former Unit 8023, disabled veterans, and demobilized soldiers who enlisted in the military before October 31, 1954. This program includes the following measures for them:

- Preferential Hiring and Outplacement
- Secured Basic Pension, Basic Health Insurance, and Unemployment Insurance
- Secured compensation in accordance with the disability levels defined in MCA & CMC Policy [2004] No. 413
- The program refers to the following rules, guidelines, and criteria: GB/T 16180-1996 and MCA, MLSS, MoH & PLA General Logistics Dept. Policy [2004] No. 195.

Further steps were taken to support the military persons in MCA Policy [2006] No. 32 and MLSS Policy [2007] No. 28. These measures promoted medical examination of the retired veterans of the former Unit 8023 and certification of the radiation effects. They also secured health protection of the military persons who are not certified as being disabled based on State Council Policy [2003] No. 117 and MCA Policy [2005] No. 57. Moreover, these measures raised the amount of livelihood support so that an eligible person can obtain at

least 70 yuan. This aimed to alleviate economic hardships of needy households by broadening the scope of the social support system.

Also, MCA Policy [2007] No. 99 specified the amount of compensation for injured or fallen military persons or their bereaved family in accordance with the disability levels (see Table 2). This law also specified livelihood support for demobilized military personnel in rural areas so that they could maintain their living standard. Demobilized military personnel are entitled to livelihood support of no less than 100 yuan a month nationwide, but the proportion of the central government’s contribution and local governments’ contribution is different from region to region. For example, while the central government covers 40 yuan in areas of economic development such as Beijing, Tianjin, and Shanghai, it pays 80 in underdeveloped areas in Northwest China, such as Inner Mongolia, Sichuan Province, and Qinghai Province.

The retired veterans of the former Unit 8023 who do not have certified disabilities but are sick or in needy circumstances and who are living in rural areas or unemployed are entitled to 100 yuan a month by MCA Policy [2007] No. 100. The proportion of the contributions by the central government and the local governments is the same as mentioned above. This is the latest compensation measure for the retired veterans of the

Table 2: Compensation Standards for Disabled Military Persons, Injured Police Officers, Injured Public Officers, and Injured Paramilitary Persons (Effective in August 2007)

Disability Level	Cause of Disability	Yearly Compensation Standard (Unit: yuan)	Cause of Disability	Yearly Compensation Standard (Unit: yuan)	Cause of Disability	Yearly Compensation Standard (Unit: yuan)
Level 1	War	18,900	Public duties	18,300	Sickness	17,700
Level 2	War	17,100	Public duties	16,200	Sickness	15,600
Level 3	War	15,000	Public duties	14,100	Sickness	13,200
Level 4	War	12,300	Public duties	11,100	Sickness	10,200
Level 5	War	9,600	Public duties	8,400	Sickness	7,800
Level 6	War	7,500	Public duties	7,080	Sickness	6,000
Level 7	War	5,700	Public duties	5,100	Sickness	-
Level 8	War	3,600	Public duties	3,300	Sickness	-
Level 9	War	3,000	Public duties	2,400	Sickness	-
Level 10	War	2,100	Public duties	1,800	Sickness	-

Source: MCA Policy [2007] No. 99

former Unit 8023, who engaged in nuclear testing. Subsequent laws—including MCA Policy [2007] No. 101, MCA Policy [2007] No. 102, Publicity Department Policy [2007] No. 9, MoC Policy [2007] No. 172, MCA Policy [2008] No. 152, and MCA Policy [2009] No. 135—were promulgated to expand the military pension system targeting active military officers and other retired veterans.

### **3.3 Support Measures for Radiation Victims' Children**

As a support measure for the children of retired Unit 8023 veterans, the government entitles them to examination and treatment of their congenital disabilities and livelihood support.

MCA Policy [2006] No. 32 established livelihood support for disabled children of retired Unit 8023 veterans of the former Unit 8023. The amount of support was determined in accordance with the living standard of the area where the person resided. If children with disabilities needed treatment, they received treatment within the framework of the “Tomorrow Plan.” This is a nickname for the “Tomorrow Plan for Surgery and Recovery of Children with Disabilities,” which was initiated by the Ministry of Civil Affairs in May 2004. It entitles children with disabilities in welfare facilities to surgeries and rehabilitation.

MCA Policy [2006] No. 194 specified the details of the surgeries and rehabilitation, as well as livelihood support, for disabled children of retired United 8023 veterans. This policy was implemented for one year from June 2006 to June 2007.

The “Tomorrow Plan” categorizes disabilities into four groups: “five senses” (e.g., cataract, cleft lip and palate, etc.), “congenital diseases” (e.g., congenital heart disease), “surgical diseases” (e.g., hernia, hermaphrodite, polio, etc.), and “deformities to be straightened or rehabilitated” (e.g., prosthetic limb, wheelchair, etc.). The cost for surgeries and/or rehabilitation is divided between the central government and provincial governments. In East China, the proportion of the contributions between the central government and provincial governments is 4:6, in Central China 5:5, and in West China 7:3. The central government transfers the funding based on the above proportion to each provincial government. The children themselves do not directly receive the funding. The criteria to determine the amount of support are as shown in Table 3. If the actual expenses are less than the standard amount specified in the criteria, the remaining amount can be used to cover the patients’ transportation costs or fees for rehabilitation.

If disabled children of retired Unit 8023 veterans have a disability certificate, they are entitled to livelihood support based on the guaranteed minimum income standard. In

rural areas where a guaranteed minimum income system is not established, the children receive grants based on local standards of support for poor households.

**Table 3: Compensation Standard for Children with Congenital Disabilities of the Retired Veterans of the Former Unit 8023 (Effective in June, 2006)**

<b>Disability Category</b>	<b>Five Senses</b>	<b>Congenital Diseases</b>	<b>Surgical Diseases</b>	<b>Deformities to be Straightened or Rehabilitated</b>
<b>Yearly Compensation Standard (Unit: yuan)</b>	120,000	30,000	220,000	80,000

Source: MCA Policy [2006] No. 194

**4. Summary: Main Characteristics of the Chinese Support System for Victims of Nuclear Testing**

This article presented the detailed information on the system of support for victims of nuclear testing in China. The two main characteristics of this system can be summarized as follows.

(1) The responsibility to implement support measures for nuclear victims is shared by multiple layers of actors: the central government, local governments, and organizations which employ the victims. For example, while support grants for the victims are funded by the central government and provincial governments, provincial governments have a responsibility to designate or certify the medical institutes which diagnose and treat the victims, and the employers have the responsibility to fund livelihood support for the victims after they receive medical treatment.

(2) Instead of establishing a new support scheme specifically targeting the victims of nuclear testing, the Chinese government has formulated support policies for them within the framework of existing systems such as military pensions and social insurance. In fact, in early stages, the government provided special grants to cover the cost of examination, certification, and treatment of radiation effects of the retired veterans of the former Unit 8023 (State Council Policy [1979] No. 300). Policies after State Council Policy [2003] No. 117, however, provide that health protection and livelihood support for the victims are funded from the budget for social insurance in general, and instead of establishing a special criterion, these policies utilize the existing criteria that had been used in the support system for military personnel.

These two characteristics clarify the difference between the Chinese compensation system for victims of nuclear testing and those in other nuclear powers. While the other nuclear powers establish a specific compensation system for victims of nuclear testing in the form of specific laws, the Chinese compensation system is formulated as administrative policies within the existing legal framework of the military pension and social insurance system.

### List of Abbreviations

<b>Abbreviation</b>	<b>Meaning</b>
CMC	Central Military Commission (中央军事委员会)
MCA	Ministry of Civil Affairs (民政部)
MoC	Ministry of Construction (建设部)
MoH	Ministry of Health (卫生部)
MLSS	Ministry of Labor and Social Security (劳动和社会保障部)
NPC	National People's Congress (全国人民代表大会)

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MCA Policy [2006] No. 51

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