THE MARINE ANIMAL RESCUE COALITION (MARC): A COMPREHENSIVE INVESTIGATION

How a Coalition of Charities Seized Control of UK Cetacean Strandings, Why Its Protocols Are Killing Whales, and What Must Change

STRANDED NO MORE

Anonymous watchdog group of stranding professionals

strandednomore.org

September 2026

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1. WHAT IS MARC?

The Marine Animal Rescue Coalition (MARC) is a UK-based affiliation of organisations that collectively controls the response to marine mammal strandings, particularly cetaceans (whales, dolphins, and porpoises), across the entire United Kingdom. It is not a government agency. It is not a statutory body. It has no legal mandate. It is, in essence, a club of charities and research institutions that, through decades of incremental consolidation, has acquired a de facto monopoly over the life-and-death decisions affecting every cetacean that strands on a British beach.

MARC describes itself as "a collaboration focused on the difficult and often heartbreaking issue of the rescue of stranded whales, dolphins, porpoises, seals, turtles and other marine animals." This anodyne language conceals the reality: MARC sets the protocols that determine whether a stranded whale lives or dies, and no one outside the coalition has any meaningful input into those protocols.

The coalition's affiliated organisations include:

- British Divers Marine Life Rescue (BDMLR), the operational arm, founded 1988, which deploys volunteer "Marine Mammal Medics" and controls beach access during strandings
- Cetacean Strandings Investigation Programme (CSIP), housed at the Zoological Society of London (ZSL), responsible for post-mortem examinations
- RSPCA, which provides enforcement presence and euthanasia capability
- Whale and Dolphin Conservation (WDC)
- Born Free Foundation
- International Fund for Animal Welfare (IFAW)
- Marine Conservation Society
- Sea Watch Foundation
- Numerous smaller regional organisations

In total, MARC lists over 40 affiliated organisations. The coalition operates through working groups on equipment, training, public awareness, and networking. It does not publish minutes, does not hold public meetings, and does not submit its protocols to external peer review.

2. HOW MARC ROSE TO POWER

The origins of MARC's power lie not in legislation but in a vacuum of government responsibility.

1988: THE SEAL CRISIS

During the phocine distemper virus epidemic of 1988, which killed thousands of common seals in East Anglia, Greenpeace and the RSPCA established the Seal Assessment Unit in Norfolk. Volunteer divers joined the rescue effort, and from this collaboration BDMLR was born. The lesson learned was that government was absent, and charities would have to fill the gap.

1993-1994: THE FORMATION OF MARC

In October 1993, the British Divers Stranding Meeting at the University of Greenwich brought together the key players. By August 1994, the group adopted its mission statement and the name "Marine Animal Rescue Coalition." Alan Knight, who would become BDMLR's chief executive, formally proposed the creation of the strandings network.

A critical decision was made early: MARC would NOT become a separate charity. This was ostensibly to avoid competing with member organisations for funding, but the practical effect was that MARC remained an informal, unaccountable body with no independent governance structure, no board of trustees, no annual reporting requirements, and no regulatory oversight.

One of MARC's earliest and most consequential campaigns was what its own meeting minutes from August 1994 recorded as the "Stopping Amateur Refloats Poster Campaign." Before MARC and BDMLR standardised UK beach responses, well-meaning locals, independent wildlife enthusiasts, and community groups would rush to stranded whales and dolphins and attempt to push them back into the sea. MARC framed these public rescue efforts as dangerous and irresponsible, arguing that untrained people risked injuring themselves and causing further suffering to the animals. MARC's own Chair, Mark Simmonds, later wrote in his 2001 review of the coalition's history that one reason for MARC's emphasis on speed of response was that *"this also helps to stop others, albeit often well-meaning, intervening inappropriately" (Simmonds, 2001)*. The coalition's solution was to establish strict protocols under which only accredited, trained, and insured MARC personnel would be permitted within cordoned rescue zones. While presented as a welfare measure, this campaign had a far-reaching structural consequence: it removed the public entirely from cetacean rescue, replacing community-driven efforts with a closed, centralised system answerable only to itself.

THE 1996 DECISION AGAINST REHABILITATION

In April 1996, MARC made what may be its single most consequential policy decision. In Simmonds' own words: "The April 1996 meeting concluded that MARC activities should focus on rescue on the shore and not captive rehabilitation." This decision, taken thirty years ago, has never been reversed. It was reinforced in December 1999 when the "MARC vets" met the Chair and formally concluded that "it would be inappropriate for the Coalition to start adopting the option of [captive] rehabilitation in the UK" on five grounds: lack of evidence that refloating was failing, improvement in clinical assessment, poor success rates in the US and UK, lack of suitable facilities, and the risk of producing animals unfit for release. The circularity of this reasoning is striking: one of the five reasons for not building rehabilitation facilities was "the lack of suitable facilities in the UK where rehabilitation might occur," which is precisely the situation MARC itself created and maintains.

Even within MARC, this position was not unanimous. Simmonds acknowledged in 2001 that "the strength of the opposing viewpoints on this issue, for example as expressed at the last MARC meeting, may actually threaten the Coalition's future." Proposals for a rehabilitation facility at Weymouth had been discussed "for many years," and Simmonds urged "all parties to continue to discuss this specific proposal openly." Twenty-five years later, that discussion has produced nothing. The Weymouth facility was never built, and no cetacean rehabilitation facility of any kind exists in the United Kingdom.

POST-RELEASE MONITORING: PROMISED BUT NEVER DELIVERED

MARC's own 1999 veterinary review "urged that an improved programme of post-release monitoring of refloated animals should be initiated," noting that "such a programme was felt essential to ensure that animals were surviving." Simmonds confirmed in 2001 that tagging had been on MARC's agenda "since the second meeting" in February 1994. Yet as of 2026, more than thirty years after it was first discussed and twenty-seven years after it was declared "an urgent priority," MARC still has no systematic programme of post-release monitoring. Without tracking data, MARC cannot demonstrate that its refloat-or-kill approach produces living animals, and the absence of that data becomes another justification for the status quo: because no one tracks refloated animals, no one can prove they survive, and the assumption of inevitable death remains unchallenged.

THE VETERINARY DATABASE FAILURE

MARC's approach to data collection has been equally inadequate. In 1997, the coalition funded the creation of a veterinary database to record information from stranded animals, including details of treatments they received. As Simmonds admitted in his 2001 review: "The data-sheets proved unpopular. They were so detailed that in the intense atmosphere of a rescue they proved difficult to complete and the database remained empty." An empty database for a system that kills hundreds of cetaceans per decade is not merely a technical failure; it represents an institutional indifference to accountability.

THE CONSOLIDATION OF POWER

Over the following decades, MARC achieved its monopoly through several mechanisms:

a) Insurance and liability: Only MARC-affiliated organisations carry the public liability insurance required to operate on beaches during strandings. Local authorities, facing the prospect of liability if untrained members of the public are injured, willingly hand over control to MARC members, primarily BDMLR.

b) Controlled substances: The drugs required for cetacean euthanasia (barbiturates, potassium chloride, etorphine) can only be administered by licensed veterinary surgeons. MARC controls access to these veterinarians during strandings.

c) Equipment: BDMLR maintains over 25 whale refloatation pontoons at strategic points throughout the UK. No other organisation has comparable equipment.

d) Training monopoly: BDMLR trains over 1,000 volunteer Marine Mammal Medics per year. This creates a vast network of people trained in MARC protocols and, critically, trained to follow MARC's decision-making hierarchy without question.

e) The CSIP pipeline: The Cetacean Strandings Investigation Programme, run by ZSL, conducts all post-mortem examinations on stranded cetaceans in the UK. CSIP personnel are MARC members. The post-mortem data that MARC uses to justify its protocols is generated by MARC's own affiliates. This is a closed evidential loop: MARC decides the protocols, MARC's members enforce them, MARC's scientists examine the dead animals, and MARC uses those examinations to justify the protocols.

f) Government deference: Because the UK government has never established a statutory framework for cetacean stranding response, it defers entirely to MARC. The Marine Management Organisation, Natural England, and Defra treat MARC protocols as the de facto standard. This is not delegation; it is abdication.

The result is a structure in which a private coalition of charities holds unchallenged authority over life-and-death decisions for protected wildlife, with no statutory mandate, no external oversight, no accountability to the public, and no obligation to justify its decisions to anyone.

3. THE FOUR CORE ASSUMPTIONS BEHIND THE KILL-OR-REFLOAT DOCTRINE

MARC's stranding response operates on a binary model: either the animal is healthy enough to be immediately refloated, or it must be euthanized. There is no middle ground. There is no rehabilitation. There is no extended care. There is no diagnosis.

This binary model rests on four core assumptions:

ASSUMPTION 1: IRREVERSIBLE CRUSH SYNDROME (CAPTURE MYOPATHY)

MARC assumes that once a cetacean beaches, its own body weight compresses blood vessels and muscle tissue, causing rapid rhabdomyolysis (muscle tissue breakdown). The resulting toxins flood the bloodstream, causing kidney failure and cardiac arrest. Even if refloated, the animal will die hours or days later. Therefore, once a certain threshold of time on the beach is passed, euthanasia is the only humane option.

ASSUMPTION 2: SINGLE STRANDINGS = TERMINAL ILLNESS

MARC assumes that a solitary cetacean that strands is almost certainly terminally ill, suffering from parasitic brain infections, acoustic trauma, or advanced disease. CSIP post-mortem data is cited to support this: most single-stranded cetaceans show significant underlying pathology. Therefore, refloating them merely prolongs a painful death.

ASSUMPTION 3: CATECHOLAMINE SHOCK

MARC assumes that the stress of stranding, combined with noise from crowds and rescue operations, triggers a catastrophic surge of stress hormones that compromises the central nervous system beyond recovery. After a certain period, the animal enters irreversible shock.

ASSUMPTION 4: HUMAN SAFETY SUPERSEDES ANIMAL SURVIVAL

MARC assumes that if a rescue cannot be conducted with absolute control and professional safety parameters, euthanasia is the only responsible option. Human safety is paramount, a principle no one disputes in isolation, but which in practice serves as a catch-all justification for inaction.

4. WHY THE ASSUMPTIONS ARE WRONG: WHAT THE EVIDENCE SHOWS

Each of MARC's four core assumptions is either outdated, overstated, or directly contradicted by the evidence. International cases, including those documented by SNM, demonstrate that these assumptions have calcified into doctrine while the rest of the world has generated evidence proving them wrong. Crucially, the decisions that follow from these assumptions are made on the basis of protocol rather than diagnosis. No blood test is taken, no blow sample is collected, and no pathogen is identified before a life-or-death decision is reached. The protocol itself is the decision-maker, and this is precisely why no diagnostic tools are ever deployed at UK strandings: when the protocol already dictates the outcome, there is no institutional reason to gather diagnostic evidence that might contradict it.

ASSUMPTION 1 REFUTED: CRUSH SYNDROME IS NOT AUTOMATIC OR IRREVERSIBLE

The case of the humpback whale Hope (Germany, 2025 to 2026) provides the most devastating refutation of the crush syndrome assumption. Hope spent over 15 months in the Baltic Sea, restranding multiple times between March and April 2025. Experts, including those aligned with MARC's doctrine, predicted death within days after each stranding, yet Hope refloated herself, fed successfully, and survived for over a year. If crush syndrome were the automatic, irreversible death sentence that MARC assumes, Hope would have died after her first stranding.

International evidence further undermines the assumption. In Brazil in 2000, a humpback whale survived a 12-hour stranding and rescue, and was confirmed alive 8 years later. In Angola in 2025, a 14-metre whale was successfully refloated after 58 hours on the beach. In Argentina in 2021, two whales were rescued by a 30-person community team after an extended stranding. In Tasmania in 2007, seven sperm whales were saved using nets and jet boats after prolonged beaching.

It is also worth noting that capture myopathy was not even part of MARC's original scientific basis. MARC's own 1999 veterinary review identified it as *"a new concern, especially as it may be undetectable during clinical assessment" (Simmonds, 2001)*. An assumption that was first raised as a novel concern in 1999 has since been elevated to an unquestionable certainty used to justify the automatic euthanasia of every large whale that beaches in the UK, despite the international evidence showing that extended strandings are survivable.

The survival of these animals across such varied conditions demonstrates that crush syndrome, while a genuine physiological risk, is neither automatic nor uniformly fatal. The MARC assumption that time on the beach inevitably equals irreversible organ damage is contradicted by case after case around the world.

ASSUMPTION 2 REFUTED: SINGLE STRANDINGS ARE NOT ALWAYS TERMINAL ILLNESS

MARC treats every solitary stranding as evidence of terminal disease, yet MARC's own data contradicts this assumption. The UK's DETR-funded strandings programme, coordinated by CSIP and cited by MARC's own Chair in his 2001 review of the coalition's history, found that two-thirds to three-quarters of stranded pelagic dolphins *"appeared to be healthy and died because they stranded" (Simmonds, 2001)*. These animals were not terminally ill. They were healthy dolphins that died because they stranded, and under MARC's protocol, no attempt would have been made to rehabilitate them because the protocol assumes that stranding itself is proof of terminal illness. The coalition's own post-mortem evidence refutes its own foundational assumption.

Beyond the UK's own data, rescue teams across Asia routinely respond to solitary strandings with the assumption that the animal may survive, and their results vindicate that approach.

In 2026, Liu et al. published a landmark study documenting the rehabilitation and satellite tracking of a solitary short-finned pilot whale in the South China Sea. The whale was found stranded, taken into rehabilitation, treated, and released. Post-release satellite tracking revealed sustained survival and behavioural recovery, including normal diving patterns. Under MARC protocols, this whale would have been euthanized on the assumption that a solitary stranding of a large toothed whale indicates terminal illness. Instead, it was treated, released, and proven to have recovered through rigorous scientific monitoring (Liu et al., 2026, Ecology and Evolution, doi:10.1002/ece3.73174).

In July 2021, twelve melon-headed whales stranded near Linhai, Zhejiang Province, in eastern China. Local authorities, fishermen, and members of the public mobilised together to rescue nine of the twelve animals, returning them to the sea. The effort was broadcast live to millions of viewers across China. No specialist cetacean rescue organisation was required. The rescuers used basic equipment and common sense: wet towels, coordinated lifting, and determined collective effort. Under MARC protocols, these twelve animals would likely have been assessed under the automatic euthanasia framework for mass strandings.

Li Haiqin, who heads a cetacean rescue team in Sanya, Hainan Province, has participated in more than 40 whale and dolphin rescue operations since 2012. His team's approach to solitary strandings is the opposite of MARC's: they treat every stranding as an animal worth saving. In January 2024, his team rescued a severely wounded short-finned pilot whale named "Haitang" that had been found alone in Haitang Bay. After 145 days of treatment and expert veterinary care, the whale recovered and was released back to sea. That is a solitary stranding of a large toothed whale, treated and rehabilitated over nearly five months, and successfully returned to the wild. Under MARC's doctrine, Haitang would have been euthanized within hours.

The case of the humpback whale Hartwin (8 European states, January to August 2026) further demonstrates the danger of assuming terminal illness without diagnosis. Hartwin swam across eight countries for seven months with a progressive bacterial infection. Nobody collected a blow sample.

Nobody attempted antibiotic darting. The necropsy conducted by the Deutsches Meeresmuseum on 14 and 15 August 2026 found four pus-filled abscesses along the spine, one measuring 110 cm. The cause of death was bacterial infection with suspected sepsis, a treatable condition.

The blow sampling method (O'Mahony et al., 2024) would have identified the pathogen. The antibiotic darting method (Gulland et al., 2008; NOAA, 2020) would have treated it. Neither method exists in MARC protocols. MARC does not diagnose. It triages: refloat or kill. The assumption of terminal illness becomes a self-fulfilling prophecy when no diagnostic effort is made to determine whether the illness is actually terminal.

ASSUMPTION 3 REFUTED: STRESS IS MANAGEABLE AND CETACEANS ARE MORE RESILIENT THAN MARC ASSUMES

MARC treats stress during stranding as an inevitably fatal cascade, but the international evidence tells a very different story. Cetaceans are far more resilient than the catecholamine shock assumption gives them credit for, and stress during rescue can be managed and minimised with competent handling.

The IFAW minke whale rescue of November 2017 is a case in point. On November 7, 2017, a juvenile minke whale stranded on a beach in Wellfleet, Massachusetts. IFAW's Marine Mammal Rescue and Research team responded, stabilised the animal, and transported it to a release site. Critically, this whale was fitted with a satellite tag before release, making it the first rescued minke whale in history to be satellite tracked. Over the following 83 days, the tag transmitted data showing the whale travelling approximately 4,000 miles, from Cape Cod south to the Turks and Caicos Islands and back north again. The tracking data confirmed normal swimming behaviour, normal diving patterns, and sustained survival over thousands of miles of open ocean.

This case is significant not only for what it proves about cetacean resilience, but for the paradox it reveals within MARC itself. IFAW in the United States rescued this minke whale, tracked it, and demonstrated that rescue and release can lead to full behavioural recovery. IFAW in the United Kingdom is a member of MARC, the very coalition whose protocols would have led to a very different outcome for that same whale on a British beach. Baleen whales that strand in the UK are routinely euthanized. The same international organisation that proved rescue works in the United States is part of the coalition that refuses to attempt rescue in the United Kingdom. One organisation, two philosophies, and the whales in British waters are the ones who pay the price.

The Chinese rescue cases further demonstrate that stress does not inevitably kill. The twelve melon-headed whales rescued in Zhejiang in 2021 were handled by members of the public and local authorities without specialist cetacean training, in conditions that were far from clinically controlled. Nine survived. The pilot whale Haitang spent 145 days in rehabilitation before release. The satellite-tracked pilot whale in Liu et al.'s study was captured, held, treated, released, and tracked, undergoing repeated handling stress at each stage, and still recovered normal diving and swimming behaviour.

These cases demonstrate that stress can be minimised through competent, timely response, and that cetaceans possess a physiological resilience that MARC's doctrine systematically underestimates.

ASSUMPTION 4 PERVERTED: HUMAN SAFETY AS ALIBI FOR INACTION

No one disputes that human safety matters. But MARC has weaponised this principle to justify a systematic refusal to attempt complex rescues. In the most recent pilot whale stranding events in September 2026, BDMLR cited "treacherous terrain and the size and power of the animals" as the reason rescue attempts were abandoned. Multiple pilot whales died, and even more whales have

died and been euthanized under similar justifications in previous years. The public, which had boats and was willing to form a barrier between the whales and the shore, was excluded.

The Stranded No More Global Whale Rescue Alliance (GWRA) vision proposes structured, safe roles for the public in stranding responses. The public is not an enemy. It is an asset. MARC treats it as a nuisance.

5. THE MARC EUTHANASIA MACHINE

MARC's approach to euthanasia rests on a policy that the IWC's own 2014 Euthanasia Workshop explicitly rejected: automatic euthanasia.

The IWC workshop stated clearly: "Each case needs to be treated on an individual basis." No single decision tree applies universally. Yet MARC operates precisely the decision tree the IWC warned against:

For large toothed whales such as sperm whales and northern bottlenose whales, MARC policy is euthanasia "at the earliest opportunity," an automatic sentence imposed without diagnostic assessment, without treatment attempt, and with the size of the animal as the sole decision criterion.

For single-stranded dolphins and porpoises, the default assumption is terminal illness, and euthanasia follows unless the animal appears healthy enough for immediate refloat with no further assessment conducted.

For failed refloats, euthanasia is the next and final step; MARC does not attempt rehabilitation or extended care, allowing one attempt and one tide cycle before the animal is killed.

This entire decision framework is driven by protocol, not by diagnosis. At no point in the MARC decision tree is there a requirement to identify what is actually wrong with the animal before deciding to kill it: no blood sample is taken, no blow sample is collected, and no pathogen analysis is conducted. The protocol substitutes for clinical judgment, with the result that treatable conditions go undiagnosed and animals that could survive are killed because the protocol says they should be. This is precisely why MARC has never adopted blow sampling or antibiotic darting: these diagnostic and treatment tools would introduce evidence into a system that has been designed to operate without it, and that evidence might contradict the predetermined outcome.

None of this constitutes welfare-based decision making; it is an industrial process wearing the language of compassion.

6. THE REHABILITATION BLOCKADE

Perhaps the most consequential element of MARC's power is what it prevents: rehabilitation.

In 2002, veterinarian James Barnett conducted a Winston Churchill Memorial Trust Travel Fellowship study on cetacean rehabilitation. His report, published on BDMLR's own website, concluded that rehabilitation "warrants serious consideration as a management option" and recommended establishing a dedicated facility with a minimum 9-metre diameter pool, 24-hour observation, and fully treated saltwater supply.

That was 24 years ago. No such facility exists in the United Kingdom.

MARC's position, crystallised in the early 1990s and never updated, is that cetacean rehabilitation is not viable. The coalition points to poor success rates from early attempts and the difficulty of caring for large marine mammals out of water. This position has hardened into dogma.

Meanwhile, the rest of the world has moved on:

The United States maintains multiple cetacean rehabilitation facilities. New Zealand has successfully rehabilitated dolphins and other small cetaceans. Brazil has successfully rehabilitated and released humpback whales. BDMLR's own commissioned study (Barnett, 2002) recommended rehabilitation.

And across Asia, rehabilitation is not a theoretical concept debated in committee rooms but a practical reality. In China, Li Haiqin's rescue team in Sanya has been rehabilitating stranded cetaceans since 2012, including a solitary pilot whale that required 145 days of treatment before successful release. In the melon-headed whale mass stranding of July 2021 in Zhejiang Province, local authorities and fishermen rescued nine of twelve animals with minimal specialist resources. Liu et al. (2026) documented the complete rehabilitation and satellite-tracked recovery of a short-finned pilot whale in the South China Sea, providing peer-reviewed scientific evidence that cetacean rehabilitation produces viable, surviving animals with normal behaviour patterns.

These Asian cases are especially instructive because they demonstrate that rehabilitation does not require the enormous infrastructure that MARC cites as an insurmountable barrier. Chinese rescue teams operate with far fewer resources than any MARC affiliate possesses, yet they achieve what MARC insists is impossible.

In SNM's view, there appears to be a definite and deliberate blockade against rehabilitation in the UK. MARC does not merely decline to pursue rehabilitation; the coalition actively opposes it. When proposals for UK cetacean rehabilitation facilities are raised, they are met with resistance from MARC affiliates. The argument is circular: rehabilitation does not work, therefore we will not build facilities, therefore we have no data on whether it works, therefore it does not work.

BDMLR's own public statements confirm this position. In response to public questions about rehabilitation, BDMLR stated on its official social media: "There are a lot of factors to this, including very high welfare regulations preventing it, low success rates in other countries (where they are releasable to the true wild) location, enormous costs including staffing too. We are part of Dolphinaria Free Europe, it's unlikely that rehabilitation will become an option any time soon."

This statement is revealing. BDMLR frames the absence of rehabilitation as the result of external factors (regulations, cost, success rates) while simultaneously being part of the coalition that has the power to address those factors. BDMLR's own 2002 commissioned report recommended building rehabilitation capability, and in the 24 years since, BDMLR has done nothing to implement its own expert's recommendations. The claim of "low success rates in other countries" is directly contradicted by the satellite-tracked survival data from China (Liu et al., 2026), the IFAW minke whale tracking from the United States (2017), and the rehabilitation programmes operating across Asia, South America, and Australasia.

This blockade has direct consequences. In every case SNM has documented, the absence of rehabilitation capability was a contributing factor in the animal's death. When an animal cannot be immediately refloated, and the only other option is euthanasia or "letting nature take its course," the animal dies. Rehabilitation would provide a third option. MARC ensures that option does not exist.

7. THE CULT OF BDMLR: WHY NOTHING CHANGES

BDMLR has a cult following in the United Kingdom. This is not hyperbole. It is a description of the social dynamics that prevent reform.

BDMLR trains over 1,000 volunteer Marine Mammal Medics every year. These volunteers are motivated by genuine love for marine wildlife. They pay for their own training, travel to callouts at their own expense, and work in difficult and emotionally charged conditions. Many are deeply committed people doing what they believe is right.

The problem is not the volunteers. The problem is the institutional culture that surrounds them.

When BDMLR loses whales, the organisation is congratulated, celebrated, and defended. Any criticism is characterised as "harassment," "vendetta," or "vile and poisonous." The cult dynamic operates as follows:

a) Emotional investment: Volunteers who have spent their weekends on cold beaches caring for dying animals have an enormous emotional investment in believing that the system works and that they are doing the right thing. Criticism of BDMLR feels like a personal attack on their sacrifice.

b) Insider identity: Being a BDMLR Marine Mammal Medic is an identity. The training, the callouts, the group solidarity all create an in-group that resists outside criticism as hostile.

c) Hero narrative: The public sees BDMLR volunteers as heroes, and in many ways, they are. But the hero narrative makes it impossible to question whether the heroes are equipped with the right tools, trained in the right methods, and working within a framework that gives the animals the best chance of survival.

d) Absence of alternatives: Because MARC has blocked all alternatives, BDMLR is the only option. Criticising BDMLR feels like criticising the only people trying to help, which feels cruel and counterproductive, even when BDMLR's approach is demonstrably failing.

The most recent example illustrates this pattern clearly. In September 2026, multiple pilot whales died during stranding events on the English and Scottish coasts. Even more whales have died and been euthanized under MARC's protocols in previous years. Despite the deaths, BDMLR was congratulated and celebrated. No one asked why the strandings were not prevented. No one asked why the public with boats was not mobilised. No one asked what happened to the whales that could not be refloated. No one asked why sighting reports were suppressed.

If BDMLR is so amazing, there is no need to improve anything. And that means more dead whales in the future.

8. DANGER AHEAD: GERMANY'S NEW PROTOCOL RISKS FOLLOWING THE MARC MODEL

The events documented in our Critical Briefs on Hope (Germany) and Hartwin (8 European states) exposed the complete absence of a structured cetacean stranding protocol in Germany. In response, discussions are now underway about creating a unified German stranding protocol, including a formal submission to the Umweltministerkonferenz (UMK) dated 21 September 2026.

This is a critical juncture. Germany has the opportunity to build a protocol from the ground up, informed by the latest research and the documented failures of existing systems. But it also faces a grave danger: that the new protocol will be modelled on the MARC/BDMLR framework, inheriting all of its structural flaws.

The warning signs are already present:

BDMLR issued a public statement on the Hope stranding in Germany, positioning itself as an authority and framing euthanasia and "palliative care/allowing the animal to pass naturally" as the

only realistic options, despite the fact that BDMLR's own commissioned rehabilitation report (Barnett, 2002) recommended building rehabilitation capability.

The IWC Strandings Expert Panel, which includes personnel aligned with MARC doctrine, issued statements on the Hartwin case that followed the same pattern: public prediction of death, no recommendation of diagnostic intervention, no mention of blow sampling or antibiotic darting.

German institutions lack independent cetacean rescue expertise and may default to adopting protocols from countries that have them, primarily the UK (MARC) and New Zealand, both of which operate on the kill-or-refloat binary.

If Germany adopts a MARC-style protocol, the consequences will be severe. No rehabilitation facilities will be built. Euthanasia will become the default for any stranding that cannot be immediately resolved. Blow sampling and remote pharmaceutical intervention will remain unused. The public will be excluded from response. The protocol will be administered by a closed group of institutions with no independent oversight.

The cases of Hope and Hartwin demonstrate precisely why the MARC model must not be replicated. Hope survived 15 months despite expert predictions of imminent death, proving that the assumptions underlying the kill-or-refloat model are wrong. Hartwin died of a treatable bacterial infection that was never diagnosed, proving that a protocol without diagnostic capability is not a welfare protocol but a death sentence.

Germany must build a protocol based on the most recent peer-reviewed research, incorporating blow sampling (O'Mahony et al., 2024), remote pharmaceutical intervention (Gulland et al., 2008; NOAA, 2020), drone-based remote diagnostics (Lonati et al., Horton et al., Christiansen et al.), and rehabilitation capability. It must include structured, safe roles for the public. It must be transparent and subject to independent oversight. And above all, it must reject the false binary of refloat-or-kill that has defined, and is still defining, the UK's approach.

9. WHAT MUST CHANGE: DISMANTLING THE MONOPOLY

The current UK system for responding to cetacean strandings is broken. Multiple pilot whales dead in September 2026 alone is not an outlier. It is the predictable outcome of a system that operates on assumptions the scientific evidence has refuted, that refuses to diagnose before deciding to kill, that blocks rehabilitation, that excludes the public, that suppresses information, and that is accountable to no one.

SNM proposes the following reforms:

1. STATUTORY FRAMEWORK: The UK government must establish a statutory framework for cetacean stranding response, ending the current situation in which a private coalition of charities holds unchallenged life-and-death authority over protected wildlife. This framework must include independent oversight, mandatory transparency, and defined accountability.

2. INDEPENDENT OVERSIGHT BODY: An independent body, not staffed by MARC affiliates, must be established to review stranding response decisions, including euthanasia decisions. Every euthanasia must be accompanied by documented diagnostic justification, and these records must be publicly accessible.

3. END THE REHABILITATION BLOCKADE: The UK must establish at least one dedicated cetacean rehabilitation facility, as recommended by BDMLR's own commissioned study in 2002. The refusal to build rehabilitation capacity for 24 years, while relying on the absence of rehabilitation to justify euthanasia, is intellectually dishonest and ethically indefensible. China's rescue teams achieve

results with far fewer resources than MARC possesses; the barrier to rehabilitation in the UK is institutional, not practical.

4. ADOPT MODERN DIAGNOSTIC METHODS: UK stranding protocols must incorporate blow sampling (O'Mahony et al., 2024) for non-invasive pathogen identification and antibiotic darting (Gulland et al., 2008; NOAA, 2020) for remote pharmaceutical intervention. The current protocol of visual-assessment-only followed by kill-or-refloat is decades behind the available science. Protocol-based killing must be replaced by diagnosis-based decision making.

5. STRUCTURED PUBLIC ENGAGEMENT: The GWRA model proposes structured, safe roles for the public in stranding responses, including using boats to form barriers between whales and shore to prevent stranding. The current policy of total public exclusion wastes the most available and most motivated resource.

6. MANDATORY TRANSPARENCY: All sightings of cetaceans in distress must be publicly communicated (without exact locations). All stranding response decisions must be publicly documented. All post-mortem results must be publicly accessible. The current shroud of secrecy is incompatible with the management of protected wildlife.

7. WHALE TAX: The charity model of cetacean stranding response is outdated and demonstrably failing. SNM proposes the Whale Tax, a dedicated funding mechanism that would support a professional, independent stranding response network (the GWRA) capable of rapid deployment, equipped with modern diagnostic and treatment tools, and funded at a level that makes rehabilitation viable.

8. EARLY CETACEAN HAZARD OBSERVATION (ECHO): The ECHO framework proposes continuous monitoring of coastal waters for early detection of cetaceans in distress, enabling preventive intervention before stranding occurs. Prevention is always better than rescue. Rescue is always better than euthanasia.

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This document is prepared by Stranded No More at strandednomore.org.

SNM monitors and critically assesses cetacean stranding responses internationally.

We write anonymously to protect our members, several of whom work within the institutions we critique.

Our priority is the whales. The whales are dying.