

NUCLEAR REGULATORY COMMISSION

Title: Advisory Committee on Nuclear Waste
173rd Meeting

Docket Number: (not applicable)

PROCESS USING ADAMS
TEMPLATE: ACRS/ACNW-005

SUNSI REVIEW COMPLETE

Location: Rockville, Maryland

Date: Monday, September 18, 2006

Work Order No.: NRC-1254

Pages 1-53

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UNITED STATES NUCLEAR REGULATORY COMMISSION'S
ADVISORY COMMITTEE ON NUCLEAR WASTE

September 18, 2006

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September 18, 2006

of the proceeding of the United States Nuclear Regulatory Commission Advisory Committee on Nuclear Waste

held at the meeting held on September 18, 2006

of the United States Nuclear Regulatory Commission

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UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

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ADVISORY COMMITTEE ON NUCLEAR WASTE (ACNW)

173rd MEETING

+ + + + +

MONDAY,

SEPTEMBER 18, 2006

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ROCKVILLE, MARYLAND

+ + + + +

The Advisory Committee met at the Nuclear
Regulatory Commission, Two White Flint North,
Room T2B3, 11545 Rockville Pike, at 10:00 a.m.,
Michael T. Ryan, Chairman, presiding.

COMMITTEE MEMBERS:

- | | |
|------------------|---------------|
| MICHAEL T. RYAN | Chairman |
| ALLEN G. CROFF | Vice Chairman |
| JAMES H. CLARKE | Member |
| LATIF S. HAMDAN | Member |
| WILLIAM J. HINZE | Member |
| RUTH F. WEINER | Member |

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ACNW STAFF PRESENT:

JOHN T. LARKINS, Executive Director, ACRS/ACNW

ANTONIO DIAS

NEIL M. COLEMAN

DEREK WIDMAYER

ALSO PRESENT:

DR. THEODORE ROCKWELL, Radiation, Science &
Health, Inc.

DR. DON COOL, NRC

I-N-D-E-X

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AGENDA ITEM

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P-R-O-C-E-E-D-I-N-G-S

(10:02 a.m.)

CHAIRMAN RYAN: We will come to order, please. This is the first day of the 173rd meeting of the Advisory Committee on Nuclear Waste.

During today's meeting, the committee will consider the following: observations from ACNW members on staff and recent member activities, and discussion of draft ACNW letters. The first item will be this morning's activity, and the draft letter writing will be this afternoon.

The meeting is being conducted in accordance with the provision of the Federal Advisory Committee Act. Antonio Dias is the Designated Federal Official for today's session.

We have received a request by Dr. Theodore Rockwell from Radiation, Science & Health, Incorporated to make an oral statement during today's session. Should anyone else wish to address the committee, please make your wishes known to one of the committee staff.

It is requested that speakers use one of the microphones, identify themselves, and speak with sufficient clarity and volume, so they can be readily heard. It is also requested that if you have cell

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1 phones or pages that you kindly turn them off.

2 I will begin with some items of current
3 interest. Dr. Richard Savio -- is Dr. Savio with us
4 at the moment? Has been with the ACRS for more than
5 30 years. He will be retiring on September 30, 2006.
6 During his tenure with the ACRS and the ACNW staff he
7 has provided outstanding technical support to the ACRS
8 on numerous matters, including reviews and evaluation
9 of safety research project and programs in support of
10 ACNW safety research reports.

11 On behalf of the committee, I would like
12 to thank Dr. Savio for his contributions, and I know
13 I speak for all members and staff in wishing him good
14 luck in his future endeavors, and thank him for his
15 more than 30 years of service to this agency and to
16 the country.

17 Mr. Noble S. Green, Jr., an administrative
18 secretary to the Executive Director for ACRS/ACNW
19 office for the past three years has accepted a
20 position as an administrative support specialist in
21 the Information Management Branch for Nuclear Reactor
22 regulation. He started his new job on September 1st,
23 and he has provided outstanding administrative support
24 to both the ACRS staff and the committee members.

25 And on behalf of the committee, I again

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1 would like to thank Mr. Noble S. Green, Jr., for his
2 support and wish him much success in his new position
3 in the agency. Thank you very much.

4 Without further ado, I will turn to our
5 agenda. And the first item is some observations of
6 members, and we will start with the visit to the Crow
7 Butte in situ leach facility in Nebraska. And I think
8 Dr. Weiner will lead the discussion, supported by
9 Latif Hamdan.

10 MEMBER WEINER: I have some slides. It's
11 a Powerpoint slide. Just take a moment to get our
12 slides up.

13 On August 15th, Dr. Hinze and Dr. Hamdan
14 and I went to -- visited the Crow Butte facility, and
15 we -- I want to get the slides up. The trip report
16 that we put together -- and I really want to thank
17 Latif Hamdan, who is really the expert on this, much
18 more so than Bill and I are -- he did most of the work
19 on the trip report. The committee members have the
20 trip report. There it is.

21 And I made a few slides from the trip
22 report and from a background document that we had.

23 Okay. Can I have the next slide?

24 These -- and I apologize, I made these
25 fairly quickly and had some other things to do, and I

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1 ask that Latif and Bill interrupt and make comments
2 whenever they have a comment to make. This is one in
3 situ leach facility. It has been in operation since
4 1991. The host rock for the uranium deposit is a
5 sandstone aquifer in Chadron formation, and it goes
6 from several hundred feet to 1,000 feet deep.

7 The near surface aquifers are the potable
8 aquifers. The Chadron formation is underlain by about
9 1,500 feet of an impermeable shale, and the
10 groundwater below the shale is not of usable quality.

11 Can I have the next slide?

12 We were very interested to see how the in
13 situ leach mining is done, and I want to point out
14 that what is done when they mine in situ is chemically
15 basically the same process that was done on the rock
16 when the uranium was mined as a hard rock and brought
17 to the surface, crushed, and then they did the
18 leaching at the surface.

19 For the in situ leach, there are three
20 phases -- a mining phase, uranium processing phase,
21 and the last is aquifer restoration. The mining is
22 conducted in aquifers or aquifer units which are
23 exempted by the EPA based on criteria and standards
24 for the underground injection control program in
25 40 CFR Part 146.

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1 There are repeated -- the mining involves
2 repeated cycles of injecting native groundwater which
3 contains carbonate ion, because the uranium uranyl
4 carbonate is quite soluble, and heavily oxygenated
5 water. What they inject is called the lixiviant, and
6 it is injected into the host formation. The uranium
7 is leached, and the dissolved uranium is then
8 extracted.

9 The lixiviant which contains the uranyl
10 carbonate is called the pregnant lixiviant, and when
11 they take it out then it's called the barren
12 lixiviant.

13 (Laughter.)

14 I think this is -- it's very interesting.
15 And Latif may know the origin of these terms. I
16 don't. The pregnant lixiviant is pumped to above
17 ground facilities for recovery and processing, and we
18 also had a tour not only of the mine -- and I'll show
19 you some pictures of things that we had a tour of --
20 but also of the surface reprocessing facility.

21 Next slide, please.

22 The uranyl carbonate is collected on an
23 ion exchange column, and it is precipitated as U-308.
24 The U-308 is crystallized, washed, and dried, and
25 transported offsite to further processing. From Crow

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1 Butte, the offsite processing is done in Canada, and
2 this is because the Crow Butte uranium contains quite
3 a bit of vanadium contaminant. And the Canadian
4 processor that they send it to can handle that
5 vanadium contaminant better than a number of sites in
6 the United States.

7 The barren lixiviant from which the
8 uranium has been removed is recycled by reinjection
9 into the ore body. A small amount is sent to an
10 evaporation pond, and this keeps the gradient, the
11 lixiviant gradient, moving toward the production well.
12 There are really three kinds of wells, and you'll see
13 them. There are the production -- there are the
14 injection wells that inject the lixiviant, the
15 production well where the pregnant lixiviant comes
16 out, and then there are monitoring wells that monitor
17 the aquifers.

18 Can I have the next slide, please?

19 They mine until it is no longer
20 profitable, and that is usually -- we asked that
21 question, and that is usually when the pregnant
22 lixiviant is down to about 10 parts per million. They
23 do continue to extract uranium from the lixiviant, but
24 that is -- they extract down to three to four parts
25 per million, and that is for restoration. But it

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1 doesn't produce an economic product.

2 There are three options for groundwater
3 reclamation that you can reclaim to baseline or
4 background conditions, or to the class of use --
5 drinking water or whatever -- or to an alternate
6 concentration limit. And Latif can speak much more
7 knowledgeably than I to the ACL, the alternate
8 concentration limit.

9 This amounts really to a change in the
10 point of compliance. Instead of requiring compliance
11 with one of the first two standards at the well, the
12 point of compliance is moved to a further point,
13 usually no further than the site boundary.

14 Latif, do you want to make any further
15 comment on that?

16 MEMBER HAMDAN: Yes, I think just instead
17 of complying with the standard at a point of
18 compliance, they elected instead that they move the
19 compliance point from the original point of compliance
20 to what they call the point of exposure, which is the
21 point where somebody could be exposed. And by doing
22 that, essentially you are exceeding the standard at
23 the original point of compliance, but meeting it at
24 the point of exposure.

25 MEMBER WEINER: This is the area that is

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1 to be addressed. It's groundwater reclamation. It's
2 the area that is to be addressed in the draft rule.
3 At the present time, the standard -- there is no rule
4 that gives you a standard for compliance. It is done
5 -- this was from conversations with the project
6 manager, Steve Cohen. It is done either in the
7 license conditions or the -- in some combination with
8 state standards. The state can set standards for
9 offsite concentrations, and so on.

10 There are other mines other than Crow
11 Butte where there is actually very little water in the
12 monitoring -- they have difficulty monitoring the
13 groundwater because there is so little of it. There
14 is a site -- a mine in Wyoming -- Wyoming mines are
15 basically in deserts, and they frequently have too
16 little water, even to get good measurements for
17 monitoring.

18 But this is one of the areas where I
19 believe -- or it was our impression that some kind of
20 a baseline regulation is needed. This is really the
21 impetus for having a rule.

22 Can I have the next slide, please?

23 This is just further details about how
24 they mine. At Crow Butte, they are completing
25 restoration at one mine section that had a seven-year

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1 lifetime. And reclamation -- the reclamation usually
2 takes about two years.

3 The contaminated water is disposed by
4 discharging into an onsite deep injection well or into
5 onsite evaporation ponds. Both of them have physical
6 limitations. The ponds have a limited area, and
7 injection -- a deep well injection is very deep. It
8 is below the pure shale.

9 Can I have the next slide, please?

10 Okay. These are some slides that I took
11 from Steve Cohen's very excellent background document.
12 This is just -- shows you where the Chadron mine is.
13 And I apologize a little bit, I copied these as
14 images, as graphics, not as text. Can I have the next
15 one?

16 This is a -- the little compass in the
17 lower right is very difficult to see, but the top of
18 the graph is north. And this is a picture --

19 CHAIRMAN RYAN: Do you mean the top on the
20 screen or the top on the --

21 MEMBER WEINER: The top on the screen --

22 CHAIRMAN RYAN: Okay.

23 MEMBER WEINER: -- is north. I blew that
24 up as much as I could, and I still couldn't tell --
25 barely tell what the letters are. This is just a map

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1 of the ore body itself, and -- oh, wow.

2 MEMBER HAMDAN: Right here.

3 MEMBER WEINER: Right here. Okay. North
4 is up here. This is a map of the ore body at Chadron.

5 Can I have the next slide, please?

6 CHAIRMAN RYAN: What do the colors mean?

7 MEMBER WEINER: I can't read what the
8 colors mean.

9 CHAIRMAN RYAN: Are they different
10 concentration zones?

11 MEMBER WEINER: Yes, they're different
12 concentration zones.

13 MEMBER HAMDAN: These are different. I
14 mean, it's --

15 CHAIRMAN RYAN: Okay. All right.

16 MEMBER WEINER: Yes.

17 CHAIRMAN RYAN: Fair enough.

18 MEMBER WEINER: This is a general picture
19 of all of the wells that are on the site, and on this
20 particular diagram you can't tell which well is which.

21 CHAIRMAN RYAN: You can't even tell what
22 a well is.

23 MEMBER WEINER: These little thingies.

24 CHAIRMAN RYAN: This might get the "bad
25 graphic of the week."

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1 (Laughter.)

2 MEMBER WEINER: It does, I think. Every
3 one of these little things that look like specks on
4 the picture.

5 CHAIRMAN RYAN: So there's a thousand
6 wells?

7 MEMBER WEINER: There are thousands of
8 wells. When you see the -- Latif took some pictures,
9 but they didn't come out.

10 CHAIRMAN RYAN: Just so I'm clear, every
11 one of these little tick marks all over the place --

12 MEMBER WEINER: Yes.

13 CHAIRMAN RYAN: -- are wells.

14 MEMBER WEINER: Are wells, that's correct.

15 CHAIRMAN RYAN: Wow. It's Swiss cheese.

16 MEMBER WEINER: It depends on what kind of
17 well they are. When you see the site, what you see is
18 a relatively undisturbed grassland with all these
19 little white barrels on it. And I'm just sorry
20 Latif's pictures didn't come out, but he had good
21 pictures.

22 The next slide gives you -- okay. This is
23 a diagram of a single section of -- a single well
24 section. Each production well -- the yellow ones are
25 production wells, and each production well is

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1 surrounded by a network of injection wells, so that
2 you have this grid of production and injection wells.
3 And typically 300 feet away from the mining area, if
4 you will, are the monitoring wells, and they surround
5 -- and I think it is 300 or 400 feet maximum between
6 monitoring wells, 400 feet.

7 There is a central pump house which I have
8 -- there are central pump houses that control the flow
9 in the injection and production wells. The flow of
10 the monitoring wells is done at the well head.

11 Can I have the next slide, please?

12 Okay. This is --

13 MEMBER HINZE: It might be well to point
14 out that those are monitoring wells that go to the
15 upper aquifer.

16 MEMBER WEINER: Yes, thank you.

17 MEMBER HINZE: It's the one that has
18 potable water in it.

19 MEMBER WEINER: Yes. These monitor the
20 potable water wells. This is -- unfortunately, this
21 picture is dark, but this gives you an idea of what
22 the site looks like on the surface.

23 CHAIRMAN RYAN: All the things that look
24 like tree stumps are actually the well heads?

25 MEMBER WEINER: Yes. These are the well

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1 heads. Here are the wells. Here is a little -- this
2 little house houses the control of the injection and
3 production wells. And it is an enormous site that --
4 as you can see. But the thing that --

5 CHAIRMAN RYAN: Well, just so -- I mean,
6 "enormous" is what, a thousands acres, 1,500 acres,
7 or --

8 MEMBER WEINER: How big is the site? Do
9 you remember, Latif? It's --

10 MEMBER HINZE: Square miles.

11 MEMBER WEINER: Yes, it's square miles.
12 The thing that impressed me is that there is so little
13 surface disturbance, really, in a mine like this.

14 Can I have the next slide? This may be
15 the last. Okay. This is the interior of the -- of
16 one of the pump houses, and I have forgotten which
17 side is injection and which side is production. But
18 one side in injection wells, and the other side is
19 production wells. And also, there is -- one pump
20 house handles a number of wells.

21 Do you all remember --

22 MEMBER HINZE: Mine unit.

23 MEMBER WEINER: A single mine unit.

24 MEMBER HINZE: That's different colors.

25 MEMBER WEINER: Yes.

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1 CHAIRMAN RYAN: Okay.

2 MEMBER WEINER: Okay. Next slide? This
3 is a flow diagram of the process itself, which I
4 described. And it is centrally -- the injection and
5 production wells are centrally controlled from a
6 control room in the processing facility. And
7 basically, this shows the extraction of uranium, the
8 ion exchange columns, and then the recovery, the
9 crystallization and recovery of yellowcake. And the
10 yellowcake is what is shipped offsite.

11 I don't -- I'm not sure that's -- is there
12 another slide? I'm not sure. Yes.

13 This is a picture of one of the ion
14 exchange resins. I just thought it was interesting to
15 look at.

16 CHAIRMAN RYAN: Not much uranium on it.

17 MEMBER WEINER: Not -- just a little bit.

18 CHAIRMAN RYAN: Not much.

19 MEMBER WEINER: Okay. Finally, the
20 Commission voted to promulgate a rule, either Part 41
21 or a section of Part 40. And the -- if you read the
22 Commission -- and each of the Commissioners put a
23 little bit of text with his vote, and essentially the
24 reason for promulgating a rule is to eliminate
25 overlapping and dual -- where they exist, dual

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1 regulatory schemes, EPA regulation, state regulation,
2 what's in the license, and so on.

3 Now, I might point out at this point that
4 if the state wants to pass a regulation that is more
5 stringent than any rule EPA -- NRC rule, they are free
6 to do so. We talked this over -- Latif and Bill and
7 I talked this over on the way back, and we thought, as
8 I pointed out in the P&P, that the committee needs to
9 hear from a spectrum of stakeholders in addition to
10 NRC staff. And our proposal is that we have one or
11 two state representatives, since the states do
12 regulate this, that we have some representative from
13 industry and we have a hydrologist to talk about the
14 reclamation and the groundwater considerations.

15 Latif and I attended the National Mining
16 Association conference, and we did not observe that
17 there was a lot of miscommunication among the various
18 stakeholders. In fact, they seemed to community very
19 well.

20 Do you want to add any more about that
21 conference?

22 MEMBER HAMDAN: The only thing that was
23 notable about that meeting was that it was --
24 everybody that was there was industry, and so the
25 stakeholders were not -- I think the reason there was

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1 no miscommunication, everybody agreed --

2 MEMBER WEINER: There weren't many --

3 MEMBER HAMDAN: -- they were all industry
4 people, you know. And although it was a public
5 meeting, and it was open to the public, but just
6 having that there was --

7 MEMBER WEINER: There were very few
8 members, if any, members of the public there.

9 MEMBER HAMDAN: That's correct.

10 MEMBER WEINER: I went the day before the
11 meeting and attended the meetings that the NRC project
12 manager has with the various states and mining
13 industry people. And part of my question -- part of
14 my own observation was that when you had a small group
15 discussing a single mine, and you always had the state
16 there and the industry there and NRC, the
17 communication seemed to be very good. In other words,
18 there was no withholding of information. They seemed
19 to understand each other's problems quite well.

20 My last thing is we proposed -- and I have
21 -- not really a working group session, but we would
22 like to propose a session for the committee on in situ
23 leach mining for February or March that includes all
24 of -- representatives of all of the stakeholders, so
25 that we can hear what their problems are, what their

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1 views are, of the draft rule. There will be a draft
2 rule at that time.

3 I believe that's all the slides I had.
4 Thank you.

5 CHAIRMAN RYAN: Just one friendly
6 amendment to that list of stakeholders. If there are
7 other stakeholders, of course, that wanted to express
8 their views to the committee --

9 MEMBER WEINER: Oh, yes.

10 CHAIRMAN RYAN: -- to us, we'd certainly
11 welcome that.

12 MEMBER WEINER: Yes, we certainly would.

13 CHAIRMAN RYAN: So that is just the
14 starting point.

15 VICE CHAIRMAN CROFF: I'm not clear at
16 this point. What are the technical issues that need
17 to be addressed here?

18 MEMBER WEINER: I believe the issue that
19 is of concern to the Commission is groundwater
20 reclamation, and the only technical hook is to what
21 extent, when you -- when you resolve the problems of
22 overlapping regulations, are you ensuring a better,
23 more consistent reclamation of groundwater?

24 Bill or Latif, do you want to add anything
25 to that?

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1 MEMBER HAMDAN: Actually, there is the
2 main problem, restoring the aquifer to either the
3 background -- water conditions that existed before
4 mining or to some acceptable standard, you know, like
5 class reviews or even ACL, but at least there is a
6 standard that you agree to restore the aquifer to,
7 because you can't just go to the licensee and then
8 they will just mine and leave. So you need a
9 standard.

10 And at this time, frankly, there is no
11 consistent or uniform standard in the regulation. So
12 each -- you know, they have it, but it's not codified
13 in any code.

14 VICE CHAIRMAN CROFF: Is the expectation
15 that the NRC's proposed rule will include groundwater
16 issues within NRC jurisdiction?

17 MEMBER HAMDAN: The rule is all about
18 groundwater protection.

19 MEMBER WEINER: Yes.

20 VICE CHAIRMAN CROFF: Okay.

21 MEMBER HAMDAN: And it will include that.
22 But by UMTRACA, which by -- the in situ leach is
23 mentioned only briefly, there is no standard there for
24 in situ leach. And by UMTRACA, EPA is supposed to
25 promulgate the standard, NRC is supposed to take the

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1 promulgated relations based on the standards, so you
2 can see the role of the EPA in this -- the EPA has to
3 agree to understand that it is going to be, and NRC
4 takes it from there and --

5 VICE CHAIRMAN CROFF: Okay.

6 MEMBER HAMDAN: -- that's why the EPA is
7 so -- the role of the EPA is so important to this.

8 VICE CHAIRMAN CROFF: Okay. Thanks.

9 MEMBER CLARKE: Latif, I was going to say
10 when you say "the standard," are you talking about the
11 alternate concentration limit, that there would be a
12 federal limit and then the states could revise that
13 downward if they wanted to? Is that --

14 MEMBER HAMDAN: You see, the guide for
15 this is actually the primary standards which are in
16 Appendix A to 10 CFR Part 40. And these are
17 background MCLs, maximum concentration limits, or
18 alternate concentration limits.

19 MEMBER CLARKE: Right, I understand.

20 MEMBER HAMDAN: And yet these are the
21 standards -- the primary standards, you know, and
22 there are -- the thinking has been until recently of
23 the last two, three years, that standards --
24 background, MCLs, ACLs -- are also applicable to in
25 situ leach.

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1 Two or three years ago the industry
2 complained about that, and they ended up with the
3 standards that are in a NUREG document -- I think it's
4 1573 -- which indicates the standard for in situ leach
5 is background, class reviews, and ACLs. But this is
6 not codified in, you know, in NRC regulations. Unless
7 we need some consistency, you know, make sure that
8 your regulation, which Ruth mentioned, they need some
9 consistent source so they can know what they are
10 dealing with.

11 And the idea now is either to add
12 something to Part 40, you know, amend it with
13 something that's applicable to in situ leach, which I
14 think was going to happen, and initially they thought
15 about having a Part 41, which I don't think is going
16 to happen.

17 MEMBER CLARKE: Thank you.

18 MEMBER WEINER: I would say that most, if
19 not all, of the mining that is now done, uranium
20 mining that is done in the United States, is in situ
21 leach mining. They have gone pretty much away from
22 hard rock mining. And given the status of the uranium
23 market -- we didn't talk about this too much -- the in
24 situ mining will increase. And I think one of the --
25 another impetus for a rule is that there really is no

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1 rule presently that addresses in situ leach mining.
2 They are using the mill tailings rule.

3 MEMBER HINZE: We have a rule for oranges
4 that is being applied to apples.

5 MEMBER WEINER: Thank you.

6 MEMBER HINZE: And that really is the
7 problem, in addition to the overlap problem. And so
8 what one should try to do is build in some
9 consistency, and that's the word you've heard here ad
10 nauseam. And as far as technical problems, you know,
11 we discussed this quite a bit after visiting, and the
12 technical problems are not severe. They're really
13 doing a very good job with the present regulations in
14 terms of monitoring everything where we're able to
15 scratch at in terms of monitoring, in terms of
16 baselining, it's a great job.

17 CHAIRMAN RYAN: These regulatory changes,
18 then, in my -- from what I've heard you guys report is
19 that we'll be focused on consistency and clarity more
20 than anything else.

21 MEMBER WEINER: Yes.

22 CHAIRMAN RYAN: Okay. John had a
23 question.

24 MEMBER HAMDAN: And the new regulation
25 issue.

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1 MEMBER WEINER: Yes, right.

2 MEMBER HAMDAN: Review it.

3 MR. LARKINS: For Ruth and Latif. Do we
4 have an idea what the correct standard should be? I
5 mean, should it truly be focusing on the EPA
6 groundwater standard, or should we be looking at a
7 more risk-informed approach which allows some
8 flexibility for those sites where you don't -- aren't
9 using -- you know, this is not potable water, and the
10 -- it is somewhat isolated from the groundwater table
11 or any usable aquifer.

12 MEMBER WEINER: I think you've made a very
13 good point. The usage seems to be that practice is
14 that you set the standard in accordance with the
15 conditions of the mine that you have, which is in fact
16 a risk-informed approach. And the staff has simply
17 said -- I actually asked staff people why you want a
18 regulation. And they said because right now there is
19 simply no consistency. It's in the license -- much of
20 it is in the licensing conditions, and that depends on
21 what you're doing.

22 CHAIRMAN RYAN: So the idea would be to
23 have this one-day session of meetings from various
24 stakeholders and staff, and then maybe offer a view on
25 what the risk-informed approach is forward. That is

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1 kind of our path on this.

2 MEMBER WEINER: I would say half a day
3 probably, but --

4 CHAIRMAN RYAN: Half a day.

5 MEMBER WEINER: Yes.

6 CHAIRMAN RYAN: I mean, the idea is we're
7 looking to advise on what's the risk-informed
8 approach.

9 MEMBER WEINER: Yes.

10 CHAIRMAN RYAN: All right. With that, we
11 probably ought to press on to our next two segments.

12 VICE CHAIRMAN CROFF: Can I ask one more
13 question?

14 CHAIRMAN RYAN: Sure.

15 VICE CHAIRMAN CROFF: Is there anybody
16 during your little session that could come in and
17 address sites, ISL sites that have been previously
18 closed?

19 MEMBER WEINER: Oh, yes.

20 VICE CHAIRMAN CROFF: You know, they were
21 remediated and what happened there. Have things gone
22 well? Have things gone bad? And it's gone bad. How
23 did it go bad?

24 MEMBER WEINER: Yes, there is. Latif
25 will --

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1 MEMBER HAMDAN: I think we can invite DOE.
2 There have been mill tailing sites, and we can give
3 the committee very good insights as to what the
4 reference is, and so forth, and we have a lot of
5 experience with --

6 CHAIRMAN RYAN: Be careful, though. Mill
7 tailing sites are not the same as in situ leach mining
8 sites, by a long shot.

9 MEMBER HAMDAN: They're not the same, but
10 they are --

11 CHAIRMAN RYAN: They're not even close.

12 MEMBER HAMDAN: I'm not so sure.

13 VICE CHAIRMAN CROFF: Has DOE reclaimed,
14 or are they watching over any ISL sites?

15 MEMBER WEINER: Oh, yes. Yes, they are.
16 The ones in Wyoming they --

17 CHAIRMAN RYAN: If they're doing ISL
18 sites, that's the direct comparative of -- the surface
19 mill tailing site is a whole different ball of wax.

20 MEMBER WEINER: And, actually, Crow Butte
21 has reclaimed one mine section, and they can give us
22 a --

23 CHAIRMAN RYAN: Okay.

24 MEMBER WEINER: Yes. The answer to Allen
25 is yes.

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1 CHAIRMAN RYAN: Okay.

2 MR. DIAS: But would DOE be willing to say
3 what went wrong with their mining, in situ mining
4 experience?

5 MEMBER HAMDAN: They will say what DOE
6 will say.

7 MR. DIAS: Okay.

8 MEMBER WEINER: We'll ask them.

9 CHAIRMAN RYAN: Okay. Any other
10 questions? Once? Twice?

11 I will go ahead and take up the next
12 topic, which is the attendance that we had at the U.S.
13 Department of Energy workshop on low dose radiation
14 research. Neil Coleman from the staff and I attended.
15 There were other NRC staff members present as well.

16 We will probably write a letter later on
17 this afternoon on this topic, but I will kind of
18 summarize the meeting. It was interesting on a number
19 of points. There is an awful lot of what I will term
20 phenomenological research where people are trying to
21 develop understandings of what happens at "low dose,"
22 and I use that term in quotes for the moment, of
23 radiation exposure. And that's acute exposures in the
24 upwards of 100 rad and above kind of range.

25 While not an absolute observation in terms

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1 of, you know, a clear cutoff, a lot of the experiments
2 involve doses that from a regulatory standpoint that
3 is worker protection standards or members of the
4 public standards where high doses -- and they are
5 looking at some interesting biology and radiobiology
6 phenomena. And they talked a lot about things that
7 people are familiar with, like bystander effects and
8 other kinds of effects that -- their phenomenology
9 kinds of things that people were observing and
10 providing reports on.

11 I think -- you know, so many of these
12 experiments are at doses that are even up to orders of
13 magnitude above what you expect to be exposures from
14 a workplace or public exposure standpoint. And that
15 includes even medical exposure and some of those
16 things.

17 MEMBER HINZE: Could I interrupt you to
18 ask --

19 CHAIRMAN RYAN: Yes, sir.

20 MEMBER HINZE: -- why that is true?

21 CHAIRMAN RYAN: Well, I think it's because
22 they're working kind of at levels where they can
23 demonstrate some of these phenomenology.

24 MEMBER HINZE: In a fairly short --

25 CHAIRMAN RYAN: In a fairly -- and they

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1 are working with the constraints of --

2 MEMBER HINZE: Right.

3 CHAIRMAN RYAN: -- you know, the typical
4 experimental design constraints.

5 MEMBER HINZE: Right.

6 CHAIRMAN RYAN: So extrapolations of lower
7 doses and further reconciliation with existing
8 epidemiologic studies have so far not really been
9 performed at a level of detail that would be terribly
10 useful in informing policymaking in any new way at
11 this point, or in revising, at least in my own view,
12 and I think from the developing -- you know, for
13 revising current or developing new radiation
14 protection standards at the moment. It just --
15 there's nothing overpowering.

16 In fact, one speaker at the end of the
17 last day commented on the fact that the research
18 community in low dose work has not really done a very
19 good job of communicating their results in a way that
20 is relevant to the thought process of policymakers.

21 Dr. -- Dr. -- I'll call his name out in a
22 little bit, check it out. But that -- it was
23 interesting that there's a lot going on.

24 The other interesting reports were from
25 folks outside the United States. The European Union

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1 has a study that's ongoing between 2006 and 2010
2 involving a number of EU countries that are interested
3 in this topic. And they are launching a specific
4 project on non-targeted bystander effects of ionizing
5 radiation, and when we do report in a letter we'll
6 have the website information so others can certainly
7 track this process.

8 Additional work is also being performed by
9 the European integrated project, which is examining
10 the radiosensitivity of individuals and susceptibility
11 to cancer induced by ionizing radiation. And, again,
12 they have a website with more information. We can
13 certainly track that.

14 I guess the one word --

15 DR. COLEMAN: Oh, the name you were
16 looking for, Dr. William Morgan of the --

17 CHAIRMAN RYAN: William Morgan, thank you.

18 DR. COLEMAN: -- Radiation Oncology
19 Research Lab, University of Maryland. And he offered
20 the challenge to other researchers that the research
21 results of these low dose studies could be much better
22 communicated -- to the public, policymakers,
23 stakeholders, to everyone.

24 CHAIRMAN RYAN: Right. Thank you.

25 MR. LARKINS: How large is this European

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1 Union study, do you know?

2 CHAIRMAN RYAN: It's a five-year study,
3 and it's in -- I don't recall the exact number amount,
4 but it's a substantial effort on the part of the EU.
5 I'm recalling something in the multi-millions of
6 dollars, tens of millions -- you know, \$10 million,
7 something in that -- up to that range. I'd have to
8 look in our notes and see specifically, but, yes, it's
9 very much an EU-wide system. There are member
10 countries participating. France was one, Finland was
11 I think the speaker, and there were other participants
12 attending the DOE workshop.

13 The other point that I didn't say earlier,
14 John, is that they're working hard to coordinate with
15 the DOE effort, so they're not spending the same
16 dollars on the same projects. They're actually
17 looking at things that will be complementary rather
18 than overlapping. So that's a positive effort that
19 they're putting forward.

20 I think it's -- I believe the work is
21 useful and helpful to the basic science of radiation
22 biology myself. I think it should continue, because
23 I think some of the phenomenology they're exploring
24 needs to continue. Whether it will be helpful or
25 change in any way how we view radiation protection

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1 standards at this moment I'm not sure anybody is
2 willing to -- you know, to say that as clearly or not
3 clearly, some may be -- I don't know -- but it seems
4 that at least from the work that was reported that
5 it's interesting. There are clear results that need
6 further study, and they have good plans to do that.

7 As far as our tracking this work, I think
8 we might think of somewhere in the year and a half, or
9 maybe even two years out, an update where we bring a
10 working group of some of the -- you know, the senior
11 folks in this area to the ACNW and to this forum, so
12 we can hear directly.

13 And maybe if they take Dr. Morgan's advice
14 from this meeting and start thinking about, well, what
15 does this mean in a policymaking arena, or how do you
16 translate the science into radiation protection
17 standards one way or another, whatever their way might
18 be, that that might be a focus for a working group
19 that we might want to hold.

20 I think the other part, of course, in
21 November we'll be hearing from the French Academy of
22 Sciences Report Committee on their recent report,
23 where they see a very clear threshold at 10 Gray in
24 their work. So we'll have certainly the benefit of
25 both of those to further advise the Commission.

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1 So that's really a short summary of the
2 meeting. Many of the papers were on very specific
3 projects, some at the molecular level, some at the
4 cellular level, some at the organism level. With
5 zebra fish they had an interesting experiment or two
6 there. And even some with patients where they were
7 doing some specific studies to look at reactions in
8 other tissues related to tissues nearby radiation
9 therapy sites and others.

10 So there was a whole host of experiments.
11 We even heard from some folks that on the one hand
12 said the epidemiology is not really complete at these
13 very low doses that you'd expect from public
14 exposures, and others that felt that there are very
15 clear thresholds that show up for certain analyses.

16 One researcher from the Institute for
17 Inhalation Toxicology in New Mexico, for example,
18 spoke about that. So there's a broad range of views,
19 interesting and ongoing research that I think we
20 should follow and integrate in our thinking about how
21 ICRP makes recommendations or how the other national
22 and international bodies make recommendations. But
23 that's a work in progress.

24 MR. LARKINS: The committee has over the
25 years had several working group meetings, as Bill

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1 probably remembers, on the effects of low levels of
2 ionizing radiation and written a couple of reports.
3 And there always seems to be --

4 MEMBER HINZE: Just beyond the horizon.

5 MR. LARKINS: -- yes, more work, but it's
6 not clearly -- and you raise it in terms of putting
7 the information out there in a form that the
8 decisionmaker can use. Do you see in two years you'll
9 be able to make a recommendation as to what is --
10 what's the ultimate experiments that are needed in
11 order to impact the regulations? If it's LNT or other
12 areas, worker exposure limits, or --

13 CHAIRMAN RYAN: I think some of the
14 researchers who have been in that field for a long
15 time, and particularly those that were involved in
16 summarizing sessions in the rapporteur for the
17 meeting, and so forth, brought together those kinds of
18 questions. And, you know, I think that at least I
19 took away the impression that the folks who are
20 summarizing said we really need to kind of think about
21 how we go from phenomenology to what this means for
22 standard-setting.

23 And I think -- you know, and as work goes,
24 it might very well be a year or two down the line
25 before that matures a little bit. I would hope so,

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1 and I would hope that, you know, if we could invite
2 folks and get them to come that we would have them or
3 ask them to focus on the very question you have
4 raised, John. I think it's time to ask that, you
5 know, what's the impact on phenomenology? I mean, of
6 the phenomenology on standard-setting.

7 MR. LARKINS: The standards and --

8 CHAIRMAN RYAN: Right.

9 MR. LARKINS: -- limits.

10 CHAIRMAN RYAN: Right.

11 MEMBER HINZE: Well, perhaps the lack of
12 communication is appropriate, because we don't know
13 how to deal with that lower dose area. And we -- it's
14 difficult to communicate when we don't know how to
15 deal with that down there. I don't understand how
16 we're going to foster communication when we don't have
17 the data to interpret down there.

18 And the only problem there is that their
19 regulators may make decisions based upon their
20 interpretation of these higher levels, and, therefore,
21 be quite inappropriate as well.

22 CHAIRMAN RYAN: Well, and that's -- and if
23 we heard that, you know, as the message that, you
24 know, there isn't a clear change in path or direction,
25 that's okay, too. I mean, I'm not trying to offer a

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1 view that -- you know, what theory or what approach is
2 right. I'm just -- we're just -- I think we need to
3 continue to stay up to date on what research findings
4 are coming out of this area and react to them
5 accordingly.

6 MEMBER HINZE: Well, was there any sense
7 that there is hope of making investigations that will
8 help us to get definitive answers with a lower degree
9 of uncertainty down in those lower ranges?

10 CHAIRMAN RYAN: Well, you know, it's --
11 yes, I think there's -- there certainly are productive
12 lines of research that many of the researchers spoke
13 of as here's where I am now, and here's where I think
14 we can go forward in a productive way to learn more.
15 It's kind of like geology. I've never met a geologist
16 that doesn't want to drill one more hole.

17 (Laughter.)

18 And I don't mean that to belittle in any
19 way the quality of the work that these folks are
20 doing. They were all thinking ahead, but, you know,
21 how it comes together at -- down the line a bit, it
22 wasn't -- that wasn't as crystal clear to me.

23 DR. COLEMAN: If I may --

24 CHAIRMAN RYAN: Please.

25 DR. COLEMAN: -- offer just one example of

1 an interesting research result that they're following
2 up aggressively now is that there appear to be unique
3 gene expression profiles for high dose versus low
4 dose, which then could lead to an understanding of why
5 the different responses at high dose versus low dose
6 and when repair mechanisms kick in. So that was new
7 to me, just one example.

8 MEMBER WEINER: Could I ask a question?
9 When you say high dose or when they at the meeting
10 said high dose and low dose, are they using low dose
11 as a synonym for chronic as distinct from acute dose?

12 CHAIRMAN RYAN: That's a really good
13 question, and it's one that I haven't resolved in my
14 own mind. Most of these experiments are what I would
15 characterize as acute doses in the high range. And my
16 measure of that is that they are higher compared to
17 background exposure rates from, you know, typical
18 lifestyle in the United States, say, or the range of
19 lifestyle for radon and all the things that vary.

20 And they tended to be in the, you know,
21 upwards -- higher than 10 Gray acute over short
22 periods of time. So you're right, that's a caution
23 that's well taken, is it high or low, and acute and
24 chronic, you know, are in the eye of the beholder
25 sometimes. So in order to really develop a keen and

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1 detailed understanding, we'd have to sort through all
2 that in some level of detail.

3 Before we get too far along here, we do
4 have a request for time to speak to the committee from
5 Dr. Rockwell, So I'd like to ask him at this moment
6 to give us his presentation, and then we'll continue
7 with the question and answers. If you wouldn't mind,
8 Dr. Rockwell, if you would come up front, and we can
9 -- that way everybody can see you and hear what you've
10 got to say. Thank you for being with us today.

11 DR. ROCKWELL: Is this the hot mike?

12 CHAIRMAN RYAN: Yes.

13 DR. ROCKWELL: Okay. If you're
14 comfortable, just have a seat there, and that'll be
15 fine.

16 DR. ROCKWELL: Well, I'm Theodore Rockwell
17 from the Radiation, Science & Health, Incorporated,
18 which is an international nonprofit public interest
19 group that has been concerned for many years now in
20 trying to reconcile some pretty wild discrepancies
21 between radiation practice and radiation science.

22 And what I've done is to make available
23 two pieces of paper for you here. This is an article
24 in Science, which talks about the worst realistic
25 casualty that could happen to our reactor plant or its

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1 fuel, and this is a thing on some history on the
2 review of NCRP-136, which was yet another review of
3 the low dose radiation.

4 And as Mike just told us, there are a lot
5 of people looking at the low dose radiation problem
6 and at the casualty problem. On September 8th there
7 was a meeting that the NRC internally looked at their
8 program of trying to evaluate the casualty case where
9 they are concerned not only with the low dose health
10 effects question, but the question of the release and
11 attenuation processes of fission products in an actual
12 realistic situation.

13 If you assume, for example, that there is
14 no water or steam present when these fission products
15 are released in a casualty, you are sure going to get
16 a different answer by several orders of magnitude than
17 if you assume that there is in this colder structure
18 steam condensing out, and so forth. There's about a
19 factor of 10^5 difference in iodine that gets out of
20 the containment under that situation.

21 So what I did -- the purpose of putting
22 these out at this time is to say that there are a lot
23 of people again reviewing the LNT and the casualty
24 case both. And the reason for this is that it has
25 been so poorly done every time.

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1 And the main fault of the reviews in the
2 past have been that they have just failed to look at
3 all of the data that have been accumulated, literally
4 thousands of technical reports, hundreds of which are
5 quite good. We've been collecting them on our
6 website. I've referred to that.

7 So this one here about NCRP, which is the
8 one that was to look at NRC, that was the one that was
9 done because BEIR-V was such a bad report. Everybody
10 said you didn't look at the data. So they went
11 through the whole thing again, and they didn't look at
12 the data.

13 And this is a little bit of that history,
14 and my urging to you is -- you, not only ACNW, but NRC
15 in general -- that we don't leave another one of these
16 reports as our legacy. This is really a disgrace,
17 that the data that exists were not looked at. We've
18 been told that epidemiologically you can't get
19 sufficient data. You'd have to have a population of
20 millions. That's true only if the LNT is true.

21 So what you're saying is if the LNT is
22 true, you can't prove that the LNT is true, and,
23 therefore, we should assume the LNT is true. I don't
24 think that's a very good way to set policy.

25 So the other thing is that there has

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1 always been some discussion of what the public would
2 buy. That is not our problem here as scientists and
3 technologists. Our problem is to tell them what the
4 science is. The policy people are going to have to
5 decide how to deal with that, but we don't -- we don't
6 help them by biasing our science in terms of what we
7 think the public will buy. That's a circular process
8 that never gets to the truth.

9 So these two things I have that I think
10 will help you look at where we've been. The question
11 that the DOE program doesn't seem to be giving
12 information that effects the policy much is a
13 deliberate result -- Greta Dicus made it very clear
14 when that program was first started that she did not
15 want to see -- she wanted to see fundamental research.
16 She did not want to see anything that would
17 necessarily affect policy, and that's been in effect
18 for the 10 years of the program.

19 But I think the point that several people
20 have made that the time has come now to look at this
21 information, and when you say, "Oh, we've got a
22 program that shows bystander effects," bystander
23 effects don't necessarily have anything to do with
24 health effects themselves. This is part of the
25 process by which cells communicate to the immune

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1 system and protective mechanisms.

2 So I was not intending to give a speech
3 here, but I did want to say that I've put these two
4 things in the record. I think you'll find them
5 useful. At the bottom of the one on NCRP you'll see
6 our website, and you'll see the vast amount of data
7 that exists there that shows over and over and over
8 again that low dose radiation has a stimulatory
9 effect.

10 The thing that's sort of ironic to me is
11 that every one of these reports that recommends that
12 we use the LNT as our basic tool, every one of those
13 reports starts right out at the beginning and says
14 that's not what we find. It says it is important to
15 note -- this is quoting from NCRP-136 now.

16 It is important to note that most
17 populations exposed to low dose radiation are not
18 harmed, and most populations are in fact benefitted.
19 It says that right in the report. And they say over
20 and over again that there is no data that shows that
21 low dose radiation is harmful. And yet they say --
22 the ICRP's famous statement, since there is no harm in
23 assuming that it -- it's harmful, let's assume that
24 it's harmful.

25 And I think we've seen the kinds of

1 problems that result from over -- from exaggerating a
2 hazard. We do just as much disservice by claiming a
3 hazard is worse than it is. That's not conservative,
4 it's not prudent to say that one gamma ray can kill
5 you.

6 We have situations in which brave firemen,
7 policemen, and other emergency guys that are trained
8 and ready to run into a burning building, a collapsing
9 building, into a hail of gunfire, and those people we
10 are told should never cross a radiation line because
11 one gamma ray can kill you. And that's nonsense.
12 It's just scientifically false, and it's time we
13 repudiated that.

14 That's my message.

15 CHAIRMAN RYAN: Dr. Rockwell, thank you
16 for your message. I want to make sure that staff has
17 available the two handouts on the back --

18 DR. ROCKWELL: Yes. There were 50 copies
19 that we were supposed to supply.

20 CHAIRMAN RYAN: Okay, great. Just --

21 DR. ROCKWELL: And it's on your --

22 CHAIRMAN RYAN: Right. We've got that,
23 but I just want to make sure everybody knows that
24 those items are available.

25 Any other questions or comments? Yes,

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1 Latif.

2 MEMBER HAMDAN: Yes. Mike, I understand
3 that we are talking about very low dose radiation. So
4 I understand that. But in this workshop or in the
5 database that was mentioned here, do we have any data
6 from, say, rays at Chernobyl for example? If you go
7 50 miles or 20 miles or 10 miles, there must be a
8 point at Chernobyl where the doses are low and -- or
9 even very low. .

10 So in the database that was mentioned or
11 the workshop, do you tap into this data source, or
12 everybody is doing the --

13 CHAIRMAN RYAN: My view of that is that
14 Dr. Shirley Frye from Oak Ridge talked about the
15 epidemiologic studies to date. I can't recall if she
16 specifically mentioned Chernobyl, but she sure
17 mentioned a number of them. And to me she highlighted
18 the fact that the current experimental work that's
19 ongoing is really distant from the resolution with the
20 epidemiology.

21 They haven't brought those together yet,
22 and I think that might be in part what Dr. Rockwell is
23 addressing, is that there really is a separation from
24 the epidemiology. I mean, the biggest cohort, of
25 course, is Hiroshima and Nagasaki, and that is where

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1 BEIR-VII has hung its hat for a long time.

2 DR. ROCKWELL: Well, it's really -- you
3 talked about dose rate. I think it's really an
4 embarrassment to the scientific community that we hold
5 up today as our gold standard for looking at chronic
6 low level radiation, we hold up the Hiroshima data.

7 CHAIRMAN RYAN: It's clearly a different
8 situation. You know, and I sat through the
9 presentations, as I think you did, and, you know, I
10 mean, in my own mind I'm doing calculations of what is
11 a low dose, what is a low dose rate. And these terms
12 need a lot more clarity than the way different
13 researchers use them, because they -- low dose and low
14 dose rate mean different things to different folks.
15 You know, to an interventional radiologist, 1 R per
16 hour is a low dose rate.

17 DR. ROCKWELL: But the data that we have
18 -- one of the things that's referred to here is the
19 shipyard study, the nuclear shipyard studies, a
20 population of 700,000, years of excellent dosimetry,
21 or this is under the naval reactors program. Every
22 worker had a film badge.

23 The comparisons were made not between the
24 healthy worker and the average citizen, but were made
25 between welders and welders in radiation and not the

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1 steamfitters and steamfitters. And they were done all
2 with the same demographics, age, and sex, and so
3 forth.

4 And then, after 10 years of that where we
5 had a very clear showing that the cancer rate is
6 lower, that the death from all causes is lower, they
7 try to brush it off as if it were healthy worker
8 effect. But the whole purpose of this multi-million
9 dollar 10-year study was to eliminate that. And they
10 have the technical advisory panel on that study with
11 Arthur Upton, the author of NCRP-136, and that data is
12 not used when they come in and Ethel Gilbert gives her
13 study of workers, and this one isn't used. It's just
14 varied.

15 MEMBER WEINER: Could I ask a question?

16 DR. ROCKWELL: Yes.

17 MEMBER WEINER: Is there such a thing as
18 a healthy worker effect?

19 DR. ROCKWELL: Oh, of course. Yes. I
20 mean, if you take a guy in a factory and get the data
21 from the factory and then compare that with the
22 population as a whole, the population as a whole has
23 old people and sick people and lazy people and all
24 kinds of people that wouldn't be at a workshop.

25 (Laughter.)

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1 CHAIRMAN RYAN: Thank you. We'll have to
2 move to our next topic, but, again, Dr. Rockwell,
3 thank you for your time and your comments.

4 DR. ROCKWELL: Mike, I appreciate it.

5 CHAIRMAN RYAN: Sure. The final item on
6 this morning's discussion points that were -- was
7 attendance at the International Commission on
8 Radiological Protections Workshop held right across
9 the street in the Marriott. And it was one of several
10 meetings around the world actually where the ICRP was
11 soliciting comments on its draft 2006 guidance
12 document.

13 And if you recall, and of course in our
14 record there's the letters that we provided to the
15 Commission on the 2005 draft, we prior to the meeting
16 provided the Commission with a draft -- or with a
17 letter on the 2006 draft. And then, this was an
18 opportunity to hear other stakeholders raise questions
19 and issues on the 2006 draft.

20 Many of the points that we covered in our
21 letter were brought up by various speakers and
22 participants on panels and from the audience in the
23 sessions that were held during the day.

24 I think just to summarize briefly what the
25 comments were about, a lot were about terminology.

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1 The ICRP tends to use terminology in a way that
2 doesn't cross the borders well from one country to
3 another. They use the word "constraint" in the way we
4 use the word "limit." They use the word "limit" in
5 the way we use the word "guidance" or "goal." And so
6 there's a lot of confusion in terminology, and much of
7 the discussion centered on those kinds of things.

8 I participated on a panel with several
9 folks, and, you know, offered comments on the
10 implications for, you know, waste management
11 questions, and so forth, and, you know, just enjoyed
12 the presentation. I think it was -- Commissioner
13 Lyons, of course, gave the keynote address, and, you
14 know, I think what will happen from that meeting is
15 the ICRP will certainly take the comments it received
16 here in Washington. They had a meeting in Canada.
17 They had a meeting in Tokyo. And I think they were
18 going to have a meeting in Prague or Brussels, one or
19 the other, I forget which.

20 I'm sorry? It was Prague, thank you. Oh,
21 there's Dr. Cool. Thank you. Dr. Jones, we
22 appreciate it.

23 And there were going to be, you know,
24 additional meetings, and I think the summation of all
25 of that information gathering is that hopefully they

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1 will take that into consideration as they further
2 revise the 2006 draft. And maybe we'll get a 2007
3 draft to look at. Dr. Cool?

4 DR. COOL: Quick synopsis having just been
5 in ICRP Committee 4's meeting last week. In fact,
6 even as the comments have been coming in, the ICRP has
7 been looking at and starting to revise the draft based
8 on all the comments they have been receiving thus far.
9 What they were saying was that the meeting in Prague,
10 which will be the last week of October, will in fact
11 be an opportunity to discuss some of the things that
12 they are doing in terms of reorganizing and
13 structuring the draft and responding to some of the
14 comments.

15 So that third conference they are actually
16 being sponsored by the Nuclear Energy Agency of the
17 OECD. That conference will be different in character
18 than the conference that was here in Washington or
19 that in Tokyo in that it will be representing an
20 evolution based on the first two conferences and all
21 the input and additional discussion.

22 I understand from Lars-Erik Holm, who is
23 the Chairman of ICRP, that that material will be
24 considered by the ICRP's Main Commission in their
25 meeting in Morocco the first week of November. And

1 that there will likely be another draft for a short --
2 emphasis on short at least at this time -- public
3 consultation towards the end of the year or very early
4 in 2007 before the ICRP would actually complete its
5 work and send the draft recommendations to the printer
6 for publication.

7 CHAIRMAN RYAN: Okay.

8 DR. COOL: We shall see.

9 CHAIRMAN RYAN: I might also note that,
10 again, the committee had written a letter on the 2006
11 draft, and the staff also offered its comments to the
12 Commission on the 2006 draft and also, in turn, to the
13 ICRP. So that is the summary of where that activity
14 is.

15 I guess I think the next step for the ACNW
16 will be to take Dr. Cool's schedule and react to it as
17 we have comment time available, but we'll have to be
18 ready because with the short comment time everybody
19 has to act quickly if any additional comments will be
20 made and delivered in a way that they can be accepted
21 and considered. So --

22 DR. COOL: I would note at this point
23 there is no formal schedule in terms of specifically
24 when something would come out. What Dr. Holm was
25 talking about was something that might be available

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1 for a month.

2 So we will have a very short window of
3 opportunity if, in fact, that kind of scheduling
4 continues to take place. But there may be further
5 reactions and schedules, so I -- I don't want to try
6 and pin any particular timeframe on this yet.

7 If you look at the ICRP's website, you can
8 actually see all of the comments that are being posted
9 by organizations. There is a huge amount of comment
10 that has been put on in the past week. The NRC
11 comments were officially put on last week, a number of
12 other countries, so they have a lot of material to be
13 posted and looked at.

14 I would also note that the things that the
15 committee said, and the things which the NRC staff
16 said, were echoed, repeated in various ways by many
17 other commenters from a variety of countries and
18 positions.

19 CHAIRMAN RYAN: Thank you, Don.
20 Appreciate that update.

21 And with that, unless there are any other
22 questions, that really is the substance of that
23 meeting. So questions, comments? Any other questions
24 or comments?

25 Hearing none, that will take care of our

1 morning session. And to say on schedule we'll adjourn
2 until 12:30, and then reconvene to consider letter
3 writing activities this afternoon, and those are
4 listed on the agenda.

5 I do not believe we will need the recorder
6 for the rest of the day on letter writing, so we'll
7 finish the record for today here. And we'll start the
8 record tomorrow promptly at 8:30.

9 (Whereupon, at 11:08 a.m., the
10 proceedings in the foregoing matter were
11 adjourned.)
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CERTIFICATE

This is to certify that the attached proceedings before the United States Nuclear Regulatory Commission in the matter of:

Name of Proceeding: Advisory Committee on

TERMINATION
Nuclear Waste

173rd Meeting

Docket Number: n/a

Location: Rockville, MD

were held as herein appears, and that this is the original transcript thereof for the file of the United States Nuclear Regulatory Commission taken by me and, thereafter reduced to typewriting by me or under the direction of the court reporting company, and that the transcript is a true and accurate record of the foregoing proceedings.



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POLICY FORUM: NUCLEAR SAFETY

Nuclear Power Plants and Their Fuel as Terrorist Targets

Douglas M. Chapin, Karl P. Cohen, W. Kenneth Davis, Edwin E. Kintner, Leonard J. Koch, John W. Landis, Milton Levenson, I. Harry Mandil, Zack T. Pate, Theodore Rockwell,* Alan Schriesheim, John W. Simpson, Alexander Squire, Chauncey Starr, Henry E. Stone, John J. Taylor, Neil E. Todreas, Bertram Wolfe, Edwin L. Zebroski

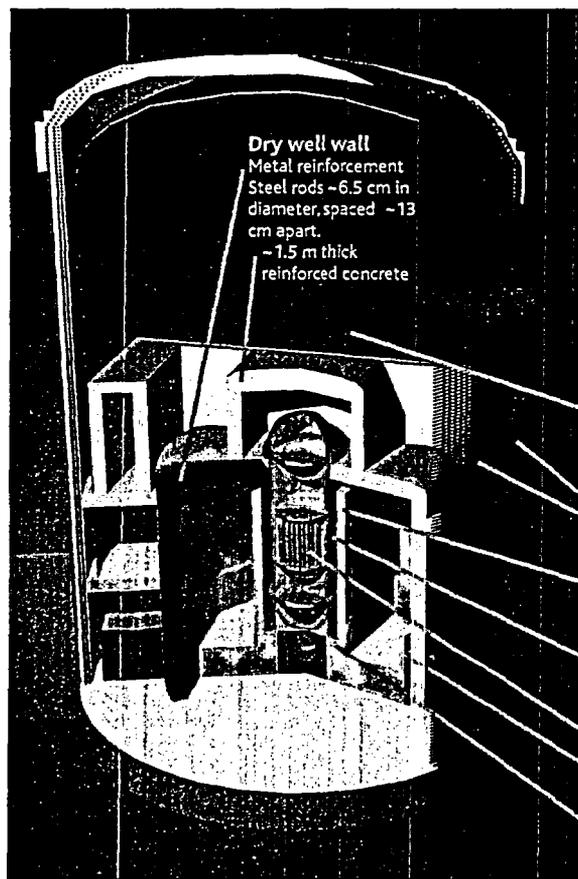
If you watch television or read repeated public statements of concern about nuclear power plants as terrorist targets, you would be justified in believing that spent nuclear fuel casks being shipped to Nevada for storage are each a nuclear catastrophe just waiting to be triggered. These casks have been called "mobile Chernobyls," and we are told they are capable of causing "tens of thousands of deaths" (1). What are the facts about the safety of nuclear shipments and power plants?

Since 11 September 2001, the U.S. nuclear industry and its regulators have been reevaluating plant and fuel shipment safety. These studies are being kept secret. But it is no secret that basic engineering facts and laws of nature limit the damage that can result. Extensive analysis, backed by full-scale field tests, show that there is virtually nothing one could do to these shipping casks that would cause a significant public hazard (2, 3). Before shipment, the fuel elements have been cooled for several years, so the decay heat and the short-lived radioactivity have died down. They cannot explode, and there is no liquid radioactivi-

ty to leak out. They are nearly indestructible, having been tested against collisions, explosives, fire, and water. Only the latest antitank artillery could breach them, and then, the result was to scatter a few chunks of spent fuel

1988 by flying an unmanned plane at 215 m/s (about 480 mph) into a test wall 3.6 m thick. The plane, including its fuel tanks, collapsed against the outside of the wall, penetrating a few centimeters. The engines were a better penetrator, but still dug in only 5 cm. Analyses show that larger planes fully offset their greater impact by absorbing more energy during their collapse. Higher speed increases the impact, but not enough to matter. And inside the containment wall are additional walls of concrete and steel protecting the reactor.

Is it possible to cause a nuclear reactor to melt down some other way? Yes, it happened at Three Mile Island (TMI) in 1979. Reactors are much improved since then, and the probability of such an accident is now much less. But suppose it happens, through terrorist action or other; what then? Well, the TMI meltdown caused no significant environmental degradation or increased injury to any person (7-10), not even to the plant operators who stayed on duty. It has been said that this lack of public impact was due



Multiple layers of safety at nuclear power plants.

Boiling water reactor

- Dry well wall**
Metal reinforcement
Steel rods ~6.5 cm in diameter, spaced ~13 cm apart.
~1.5 m thick reinforced concrete
- Containment vessel**
~4 cm thick steel cylinder
~55 m tall
- Shield building wall**
~1-meter-thick reinforced concrete.
Steel rods ~6.5 cm in diameter, spaced ~13 cm apart
- Bio shield**
Leaded concrete ~1.2 m thick with steel lining ~2.5 cm thick inside and out
- Reactor vessel**
~21.3 m tall, ~6.4 m in diameter. High tensile steel 10 to 20 cm thick
- Reactor fuel**
- Weir wall**
Concrete 46 cm thick, ~7.3 m tall
- Pedestal**
Concrete ~1.6 m thick with steel lining ~2.5 cm thick inside and out

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onto the ground. There seems to be no reason to expect harmful effects of the radiation any significant distance from the cask.

Similarly, we read that airplanes can fly through the reinforced, steel-lined 1.5-m-thick concrete walls surrounding a nuclear reactor and inevitably cause a meltdown resulting in "tens of thousands of deaths" and "make a huge area of the U.S. uninhabitable for centuries," to quote some recent stories (4). However, there seems to be no credible way to achieve that result (5, 6). No airplane, regardless of size, can fly through such a wall. This has been calculated in detail and tested in

primarily to the containment structure. But studies after the accident showed that nearly all of the harmful fission products dissolved in the water and condensed out on the inside containment surfaces. Even if containment had been severely breached, little radioactivity would have escaped. Few, if any, persons would have been harmed.

To test how far the 10 to 20 metric tons of molten reactor penetrated the 13-cm-thick bottom of the reactor vessel on which it rested, samples were machined out of the vessel and examined. The molten mass did

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not even fully penetrate the 0.5-cm cladding, confirming tests in Karlsruhe, Germany, and in Idaho, that the "China syndrome" is not a credible possibility (8-10).

The accident at Chernobyl in 1986 is simply not applicable to American reactors. The burning graphite dispersed most of the fission products directly into the atmosphere. Even in that situation, with no evacuation for several days, the United Nations' carefully documented investigation UN-

Image not available for online use.

Three Mile Island nuclear power plant.

SCEAR-2000 (11) reported that there were 30 deaths to plant operators and firefighters, but no significant increase in mortality or cancer due to irradiation of the public have been observed (12, 13). A possible link between exposure and thyroid cancer is still under study (14). The terrible and widespread consequences of that accident—increased suicide, alcoholism, depression, and unemployment (15), plus 100,000 unnecessary abortions (16)—were caused primarily by fear of radiation and by poor planning based on that fear. The evacuated lands are generally now no more radioactive than the natural background levels where many people have lived healthily for generations.

It's not surprising that some people overstate the concern about radiation, for whatever reason. But it is surprising that most nuclear advocates are reluctant to challenge such claims. They say they just want to be cautious. But striving for maximum caution leads to the assertion that we should act as if even the tiniest amount of radiation might be harmful, despite the large body of good scientific evidence that it is not (17-22). This policy has scared people away from mammograms and other life-saving treatments and has caused many Americans to die each year from pathogens that could have been killed by food irradiation (23). It has piled regulations on nuclear medicine facilities that caused many of them to shut down. And now, "permissible doses" have been pushed below those found in natural radiation backgrounds (24-26).

Such cautiousness has drawbacks when applied to design and operation of nuclear facilities. But it is particularly dangerous when applied to terrorism. To tell people

that they and the Earth are in mortal danger from events that cannot cause significant public harm is to play into the hands of terrorists by making a minor event a cause for life-endangering panic. Now is the time to clear the air and speak a few simple scientific and engineering truths.

References and Notes

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- The shipping casks and the spent fuel are described in the 207-page Appendix J of the *Yucca Mountain Environmental Impact Statement* (DOE/EIS-0250, Government Printing Office, Washington, DC, 2002); available at: www.ymp.gov/documents/feis_a/vol_2/eis_j_bm.pdf.
- For an independent analysis, see J. L. Sprung et al., *Re-examination of Spent Fuel Shipment Risk Estimates* (NUREG/CR-6672, Sandia National Laboratory, Albuquerque, NM, 2000); available at <http://ttd.sandia.gov/nrc/nuregcr6672/chap1.pdf>.
- "You could have tens of thousands to hundreds of thousands of fatalities from cancer ... the downwind path from these types of casualties could extend for hundreds of miles." P. Leventhal, Director of Nuclear Control Institute, on the Cable News Network, 1 February 2002; "Nuclear specialist Mark Gaffney said that an attack on a plant could make a huge area of the US uninhabitable for centuries." D. Nelson, in *OneWorld UK*, 2 November 2001 (www.oneworld.net/uk). To which the Government reportedly responded, "Of course it would be a big mess. Would it lead to multiple tens of thousands of deaths? That's much less certain." B. Henderson, Nuclear Regulatory Commission (NRC) representative, in K. Davidson, *San Francisco Chronicle*, 5 October 2001, p. A6. NRC Commissioner Nils Diaz recognized the need to correct this situation in his plenary talk at the American Nuclear Society Conference, Hollywood, FL, 10 June 2002: "I do not believe nuclear power is being portrayed in a balanced manner... This is probably the fault of all of us who know better ... public health and safety consequences might very well be nuclear power and radiation technology's strongest and most favorable arguments when comparing risks and benefits." But on 5 August 2002, the Associated Press reported that NRC declared that "the best available way" to prevent a public health hazard is "controlling the airspace over atomic power plants."
- "A hijacked commercial airliner loaded with explosive jet fuel like the one that hit the Pentagon on September 11 could not penetrate a U.S. nuclear power reactor and release deadly radiation," from a Reuters report, 17 June 2002, of a National Press Foundation Seminar. The report, commissioned by the Nuclear Energy Institute of independent contractors, is being reviewed by industry experts and will be completed this fall. The study reports detailed computer modeling, confirmed by large-scale tests.
- Videotapes of tests of an unmanned airplane impacting a mockup of a section of containment wall can be seen at www.sandia.gov/media/NRgallery00-03.htm.
- J. G. Kemeny, Chairman, *The Need for Change: The Legacy of TMI*, Report of the President's Commission on the accident at Three Mile Island, October 1979 (Government Printing Office, Washington, DC, 1979), 179 pp.
- Organization for Economic Cooperation and Development (OECD), *Three Mile Island Reactor Pressure Vessel Investigation Project: Achievements and Significant Results*, Proceedings of an open forum sponsored by the OECD Nuclear Energy Agency and the U.S. Nuclear Regulatory Commission, Boston, MA, 20 to 23 October 1993.
- See especially N. Cole, T. Friderichs, B. Lipford, pp. 81-91 of (8), "Specimens Removed from the Damaged TMI Reactor Vessel."
- N. Cole, "TMI-2, A learning experience: Assessing the damage" (MPR-889, MPR Associates, Alexandria, VA, 1985).
- Sources and Effects of Ionizing Radiation: UNSCEAR 2000 Report to the General Assembly, with Scientific Annexes* (U.N. Scientific Committee on the Effects of Atomic Radiation, U.N. Publications, New York, 2000); available at www.uncsear.org/reports.htm. See especially "The Chernobyl accident," vol. 1, p. 13 and the extensive scientific annexes, specifically vol. 2, Annex J, "Exposures and effects of the Chernobyl accident."
- This report (17) was reviewed and the conclusions on Chernobyl reaffirmed in the 3rd International Conference, Health Effects of the Chernobyl Accident: Results of 15 Years of Follow-Up Studies, Kiev, Ukraine, 4 to 8 June 2001, sponsored by UNSCEAR; the World Health Organization; other U.N. agencies; and Ukraine, Belarus, and Russia; available at www.uncsear.org/chernobyl.htm. Z. Jaworowski, member and former chairman of UNSCEAR, discusses the significance of these findings in *Phys. Today* 52, 24 (1999).
- Z. Jaworowski, *Science* 293, 605 (2002).
- See D. Williams, *Nature Rev. Cancer* 2, 543 (2002) and recent news coverage [R. Service, *Science* 292, 420 (20 April 2001)].
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- L. E. Feinendegen, M. Pollycove, *J. Nucl. Med.* 42 (no. 7), 17N (2001).
- M. Pollycove, L. E. Feinendegen, *J. Nucl. Med.* 42 (no. 9), 26N (2001).
- The FDA site on Food Irradiation, www.fda.gov/fdac/features/1998/398_rad.html states, "A May 1997 presidential report, 'Food Safety from Farm to Table,' estimates that 'millions' of Americans are stricken by food-borne illness each year and some 9,000, mostly the very young and elderly, die as a result." There is general agreement that this number could be reduced markedly by food irradiation, but reliable estimates will not be available until irradiation is widespread use.
- The U.S. Environmental Protection Agency set an annual limit on radioactivity in primary drinking water, based on a permissible annual dose of 0.04 mSv/year [65 Fed. Reg. 76708 (7 December 2000), with technical justification in the Notice of Data Availability, 65 Fed. Reg. 21576 (21 April 2000) and its Technical Support Document]. Natural radiation background typically varies from less than 1 mSv/year to about 10 mSv/year. The U.S. average is about 3 mSv/year. (NCRP Report no. 94, available from the National Council on Radiation Protection and Measurements, 7910 Woodmont Avenue, Bethesda, MD 20814, USA.) In high-background regions, doses to populations range up to several hundred mSv/year, with no indications of adverse health effects. [UNSCEAR 2000, cited in (17), vol. 1, Annex B.]
- Low Level Radiation Health Effects: Compiling the Data*, J. Muckerheide, Ed. [Radiation, Science, and Health (RSH), Needham, MA, ed. 2, 1998]; with revisions and preliminary contents for the 3rd ed.; available at <http://cnts.wpi.edu/rsh/docs>, with access to UN reports on the Chernobyl accident health effects provided by the Center for Nuclear Technology and Society (CNTS) at Worcester Polytechnic Institute. James Muckerheide, Director of CNTS and Massachusetts State Nuclear Engineer, contributed to authoring this statement. RSH, along with the Nuclear Energy Institute, the National Mining Association, and several municipal water districts are currently suing the U.S. Environmental Protection Agency, charging that by basing its rules on the premise that low-dose radiation is harmful at any level, EPA is arbitrarily and capriciously failing to follow the best peer-reviewed science as required by law.
- The most comprehensive compilation and evaluations of the biology and health effects of low-dose ionizing radiation from 1898 to 1988 are T. D. Luckey, *Hormesis with Ionizing Radiation* (CRC Press, Boca Raton, FL, 1980) and *Radiation Hormesis* (CRC Press, Boca Raton, FL, 1991).
- The authors are all members of the National Academy of Engineering, but this statement does not constitute an official statement of the academy.

Authors' response to letters

Our Policy Forum paper documents that engineering tests and analyses of radioactivity from molten nuclear fuels, with failed containment, under realistic worst-case assumptions, would produce few, if any, casualties. Commenters have made no attempt to answer the referenced reports that support this conclusion and refute their position.

Commenters have questioned the use of Sandia tests that rocketed an aircraft into a concrete block. These tests were not intended to prove containment invulnerability, but to confirm calculations that impact energy disintegrates large aircraft, with little penetration. Containment damage itself cannot lead to reactor damage. But we examined worse accidents or terrorist events that destroy redundant plant systems inside or outside containment, rupturing containment penetrations, producing ground-level, unfiltered releases. Even in this extreme situation, the radioactivity remains largely bound in the fuel. Condensing water and the physical-chemical properties of fuel retains most radioactivity in water and structures (as at Three Mile Island). Condensing water limits releases, which are not in readily dispersible forms, nor do they remain in respirable forms. This minimizes inhalation hazards (1).

Spent fuel pool radioactivity has lost the short-lived and most volatile products and has insufficient energy to disperse in hazardous forms. Even hypothesized zirconium fires would only burn cladding and structures, external to the fuel, adding little to the radioactivity release.

In the worst case scenario, near-plant contamination would warrant evacuation, but not urgently; there would be time for evacuation without significant public health risk. Radioactivity dispersed widely has lower concentrations, in low-hazard forms. Our Policy Forum documented [in notes (11-15)] that even ejecting Chernobyl radioactivity directly to the environment, burning for 10 days, without evacuation or interdicting contaminated food, caused few, if any, deaths or injuries among the public. (Most evacuated area dose rates remained below those of high natural radiation areas.) The average effective dose (8.2 mSv in 5 million people) is small compared with doses from hundreds of millions of relevant medical exposures showing no adverse effects at much higher doses (2, 3).

Brenner and von Hippel correctly note increased thyroid cancer rates from the Chernobyl accident (about 2000 cases) but do not acknowledge that the references we

cited document that these cases are readily treated, producing few if any (none confirmed) fatalities, with expected normal health and life-span, with patients taking thyroid hormones. No other cancer increases have been identified.

Analyses that predict many deaths use invalid release quantities, materials characteristics, dispersion, dose estimates, and dose consequences. For example, the Department of Energy spent fuel cask missile damage study assumes no cleanup and exposes "victims" for 1 year. Even so, the highest dose is tolerable, and if the "victims" walked away, it would be negligible. Similarly, a Nuclear Regulatory Commission report falsely "predicts" radiation deaths 500 miles from spent fuel fires (4).

Brenner concedes that the issues of nuclear terrorism relate to a very small individual lifetime risk, but he claims that multiplied by a very large number of people, it presents a significant public health concern using linear no-threshold (LNT) assumptions. Lyman similarly "predicts" thousands of deaths. But there is no scientific basis for such predictions.

NCRP-121 states, "Few experimental studies, and essentially no human data, can be said to prove, or even provide direct support for the concept... It is conceptually possible, but with a vanishingly small probability, that any of these effects could result from the passage of a single charged particle... It is a result of this type of reasoning that a linear non-threshold dose response relationship cannot be excluded." (5, p. 45).

NCRP-136, cited by Brenner, states "It is important to note that the rates of cancer in most populations exposed to low-level radiation have not been found to be detectably increased, and that in most cases the rates have appeared to be decreased." (6, p. 6) The LNT fails at every level—molecular, cellular, microorganism, animal, and human. Organisms' responses produce beneficial, nonlinear health effects (7). Natural radiation varies from below 1 mSv/year to 10 mSv/year, with local areas exceeding 100 mSv/year. Inhabitants of high radiation areas show average or better health and cancer rates (8).

Following Roentgen's 1895 x-ray discovery, low-dose radiation (LDR) was found to produce immunological stimulation, curing infections and inflammatory diseases and enhancing physiological conditions (9); by the 1920s, it was found to prevent and cure some cancers (10). We referenced [notes (21-22) in our Policy Forum] information that relevant mechanisms are being elucidated: Radiation produces consistent biphasic

responses in vivo: on immune cells and molecules; transcription factors; and enzymes, genes, and intercellular communications; etc. LDR responses are consistent with medical and health benefits (7). Antibiotics have largely replaced LDR therapies (11), but positive LDR effects on biology and health remain. Oak Ridge hospital facilities successfully exposed patients at moderate dose rates for hours and low dose rates for days (12). LDR, including radon therapies, is applied worldwide, with physicians' prescriptions, and is covered by medical insurance.

Commenters objected to our asserting that LDR is essential to life. But relevant, confirmed, uncontroverted data show detrimental health effects and biological functions when organisms are "protected" from background radiation (13) and in experiments using potassium with potassium-40 removed, e.g., in the Oak Ridge calutrons (14). [Signed]

References

1. See, for example, M. Levenson, F. Rahn, "Realistic estimates of the consequences of nuclear accidents" (Electric Power Research Institute, Palo Alto, CA, 1980), and the 48 references therein.
2. E.g., R. S. Yalow, *Mayo Clinic Proc.* 69, 436 (1994).
3. For example, A. Berrington, S. C. Darby, H. A. Weiss, R. Doll, *Br. J. Radiol.* 74, 507 (2001).
4. U.S. Nuclear Regulatory Commission (NRC), NUREG/CR-6672 (NRC, Washington, DC, 2000).
5. Principles and Application of Collective Dose in Radiation Protection (Report 121, NCRP, Bethesda, MD, 1995).
6. Evaluation of the Linear-Nonthreshold Dose-Response Model for Ionizing Radiation (Report 136, National Council on Radiation Protection and Measurements, Bethesda, MD, 2001).
7. S. Kojima, H. Ishida, M. Takahashi, K. Yamaoka, *Radiat. Res.* 157, 275 (2002). This and other supporting research is available at http://cnts.wpi.edu:9000/rsh/dd3/_database.jsp.
8. J. Muckerheide, Ed., *Low Level Radiation Health Effects: Compiling the Data* (Radiation, Science, & Health, Inc., Needham, MA, ed. 2, 1998) (searchable by author and by topic, with annual update supplements).
9. See M. Tubiana, *Radiat. Environ. Biophys.* 39, 3 (2000), and other reports on variations in natural background radiation available at <http://cnts.wpi.edu/rsh/docs/background.html>.
10. See A. Richards, *Science* 42, 287 (1915), and other early 20th century low-dose studies on physiological responses described at <http://cnts.wpi.edu/rsh/docs/earlystudies.html>.
11. S. Russ, H. Chambers, G. M. Scott, *Proc. R. Soc. London* 92, 125 (1921), and other early LDR therapeutic data available at <http://cnts.wpi.edu/rsh/docs/earlyimmune.html>.
12. LDR is still sometimes used when antibiotics and antiinflammatories fail, e.g., in some arthritic conditions, and radon therapies are used extensively and successfully by medical direction in Europe, Russia, and elsewhere. LDR had 95% success treating gas gangrene, largely eliminating any amputation, whereas current practice is to amputate and use antibiotics, with 30-70% mortality (15).
13. Human radiation studies: Remembering the early years, Oral history of pathologist Clarence Lushbaugh, M.D., conducted 5 October 1994 (Report DOE/EH-0453; DE96-009839, Department of Energy, Washington, DC, 1995) (available at http://tis.eh.doe.gov/ohre/roadmap/histories/0453/0453_d.html).
14. H. Planel et al., *Health Phys.* 52, 571 (1987).
15. T. D. Luckey, *Radiat. Res.* 108, 215 (1986).
16. J. F. Kelly, D. A. Dowell, *Radiology* 37, 421 (1941).

16. The authors are all members of the National Academy of Engineering, but this statement does not constitute an official statement of the academy. James Muckerheide, Director of the Center for Nuclear Technology and Society at Worcester Polytechnic Institute, and Massachusetts State Nuclear Engineer, contributed to authoring this response.

von Hippel letter excerpts:

Chapin *et al.* assert that "no airplane, regardless of size, can fly through such a wall" ["the reinforced, steel-lined 1.5-m-thick concrete walls surrounding a nuclear reactor"]. Sandia National Laboratory, whose report Chapin *et al.* cite as evidence of this assertion, has already disputed the relevance of its report to this conclusion (1). Also relevant to the overall question of the risks from aircraft crashing into nuclear power plants is the conclusion of a recent Nuclear Regulatory Commission (NRC) report on the potential risks to the spent fuel pools that adjoin U.S. nuclear power reactors: "1 of 2 [large] aircrafts are large enough to penetrate a 5-foot-thick reinforced concrete wall" of a pressurized water reactor spent fuel storage pool, potentially causing it to be "so damaged that it rapidly drains and cannot be refilled from either onsite or offsite resources." (2).

The authors cite the UN's review of the consequences of the Chernobyl accident as the basis for their assertion that "no increase in mortality or cancer due to irradiation of the public have been observed." However, that report shows an up to a 25-fold increase in the incidence of childhood thyroid cancers in cities in the most contaminated regions of Belarus and concludes that "there can be no doubt about the relationship between the radioactive materials released from the Chernobyl accident and the unusually high numbers of thyroid cancers observed in the contaminated areas during the past 14 years" (3, Table 57, p. 504).

The public fear of the risks from ionizing radiation may be disproportionate. However, this fear is reinforced by a learned distrust of reassurances from the nuclear industry. This article by 19 mostly retired nuclear-industry leaders does nothing to remedy that situation. Contrary to the implied conclusion of their Policy Forum piece, the U.S. government should require strengthened protections against and preparations for emergency response to terrorist attacks on U.S. nuclear power reactors.

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Brenner letter excerpts:

With regard to potential terrorist scenarios involving a nuclear power plant, the authors are correct to point out that the very thick walls of the containment vessel make the nuclear core an unlikely target. They do not, however, address the more pertinent issue of the spent fuel-rod storage pools, which are located adjacent to most commercial reactors (1). These spent fuel storage facilities typically contain amounts of radioactivity comparable to that in the reactor core itself. Typically, the fuel rods are stored under water and in nonhardened buildings; often they are on upper floors. The issues relating to the possibility of a plane- or missile-based attack on a spent-fuel pool or the possible theft of a spent fuel rod for use in a "dirty bomb" seem much more relevant than the unlikely scenario of an attack on a nuclear reactor core.

In terms of the radiological risks from the low levels of radiation that might be produced in a radiological terrorism incident, the authors present a one-sided perspective. Indeed, the biological effect of low levels of radiation are hard to quantify because the individual risks are small, but there is little evidence that low doses of radiation are actually beneficial, as the authors suggest....the risk probably goes down proportionately, but is unlikely to actually reach zero.

Chapin *et al.* suggest that no significant increase in mortality or cancer has been observed from the radiation from the 1986 Chernobyl accident...It is only 16 years since the Chernobyl accident, which, based on the A-bomb survivor experience (4), is still too early to expect significant radiation-related increases in solid cancers. Most of any potential increase in cancer rates in individuals exposed in 1986 would not be expected to appear until 25 to 50 years after the accident (4).

Yes, the cancer risks from very low doses of radiation are probably very small. But nuclear terrorism could result in large numbers of people being subject to these very small risks. That's why it may represent a significant public health concern.

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Lyman letter excerpts:

As president of an organization criticized for exaggerating the danger of a terrorist attack on a nuclear power plant ("Nuclear power plants and their fuel as terrorist targets," D. M. Chapin *et al.*, Policy Forum, 20 Sept., p. 1997), I would like to outline the technical basis for our concern. Chapin *et al.* selectively invoke "a few simple scientific and engineering truths" to assert that nuclear plants are essentially invulnerable to attack. In fact, the issues they raise are far from simple and cannot be so neatly resolved.

Today's nuclear plants are vulnerable to common-mode failures, such as station blackout events, that could result in core damage in as little as 2 hours (1). Terrorists could exploit these weaknesses to maximize the severity of an attack.

The 1979 Three Mile Island (TMI) accident has little bearing on this scenario because operators were able to restore core cooling before the core became fully molten. With time, a molten core will indeed cause rupture of the reactor vessel, an event that was observed in a dramatic test at Sandia National Laboratories in 2000 (3). In contrast to the sequence of events at TMI, if terrorists were able to seize the control room and remote shutdown panels during an attack, they could prevent operators from taking timely corrective action.

The security around nuclear power plants is not commensurate with the consequences of a terrorist attack. The cost of additional protective measures is small compared with the benefits of risk reduction. To ignore the dangerous potential of such events, as Chapin *et al.* would do, can only lead to uninformed and irresponsible policy decisions.

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**These letters in full were printed in
Science 10 Jan 2003.**

NCRP-136 MISREPRESENTS THE SCIENTIFIC EVIDENCE

SUMMARY

NCRP-136 (Draft) by NCRP Scientific Committee SC-1 misrepresented the scientific data, apparently to support its premise that low-dose radiation (LDR) *might* be harmful. The Committee:

1. Produced voluminous irrelevant and misleading data to support the linear no threshold (LNT) premise.
2. Selectively misrepresented data that *do* provide highly statistically significant and consistent evidence of LDR benefits, and null dose-response effects, that contradict the LNT.
3. Failed to consider the voluminous scientific literature, submitted to it by the scientific community, including RSH, that consistently contradicts the unsupported LNT premise.

The Committee's position leads to extreme radiation protection policies requiring enormous public expenditures for no public health benefit.

OVERVIEW

1. The Committee has compiled material that is mostly irrelevant to health effects dose-response:
 - Data from isolated irradiated cells in tissue, falsely imply effects to living organisms
 - Other high dose, high-dose-rate, data from conditions that overwhelm the body's natural defenses
 - Japanese bomb survivors ('instantaneous' doses; neutrons; poor dosimetry; major confounders)
 - Uranium miners and other extreme conditions (diesel fumes; silica dust; poor dosimetry; smoking)
2. The Committee virtually ignores the vast body of relevant low-dose radiation research data:
 - Human and animal data that show beneficial effects, with no harmful effects where LNT 'predicts' harm
 - Laboratory data and analysis that reveal the many molecular and cellular stimulatory mechanisms
 - Successful use of LDR to treat cancer and other diseases in humans and animals
3. Misrepresents data from credible studies that show statistically-significant benefits from LDR:
 - Nuclear Shipyard Workers Study (24% lower overall mortality; 99.9+% confidence level)
 - Canadian fluoroscopy study (statistically-significant reduced breast cancer, called an "anomaly")
 - The many population radon studies (consistent decreases in lung cancer with increasing radon)
4. Inappropriately applies the fact that initial damage to DNA is linearly proportional to dose:
 - *Initial* damage from radiation is trivial compared to that from normal metabolism
 - LDR stimulates anti-mutagenic systems, so *persistent* mutations are reduced overall
5. Misleads about a higher percent of double-strand breaks (DSBs) from radiation, that are harder to repair:
 - There are still 1000 times more DSBs produced by metabolism than by 100mr/yr background radiation
 - LDR enhances low-error enzymatic repair of *all* DSBs, which are mostly produced by metabolism
6. Misleads about the fact that radiation can linearly increase chromosomal damage
 - Chromosome aberrations do not cause adverse health effects

Relevant data and concerns about such flaws were provided to the Committee RSH and others. As a result, in 1996 NRC Chairman Jackson formally required the NRC staff to inform the NCRP that such deficiencies must be avoided – and specifically to consider all relevant data. These admonitions were ignored by the NCRP. In the March 1999 NRC review of the October 1998 draft, the Committee again committed to the NRC to consider all of the relevant data. Despite this official warning, the NRC effectively rescinded

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the NRC to consider all of the relevant data. Despite this official warning, the NRC effectively rescinded Chairman Jackson's direction, by indicating that NRC, and its Advisory Committees, would **not** hold the Committee accountable.

SOME INITIAL COMMENTS

Following doggedly in the path of its predecessors, NCRP Committee 1-6 reported on its six-year evaluation of low-dose radiation health effects as predicted by the linear non-threshold (LNT) premise. The Report asserts (p.6) "it is important to note that the rates of cancer in most populations exposed to low-level radiation have not been found to be detectably increased, and that in most cases the rates have appeared to be decreased." Despite this proven fact, the Committee concludes that radiation protection policy and regulations should continue on the "biophysical" premise (NCRP 121, p.45) that any amount of radiation, no matter how small, is hazardous and should therefore be reduced to "as low as reasonably achievable." The Committee does not claim that this premise is shown to be valid. It merely states that the possibility "cannot be excluded." But this possibility falls if the overwhelming contrary scientific evidence is considered.

Less than two pages, plus a few scattered phrases, of this 287-page report discuss **hormesis**, the basic biological principle cited by Paracelsus in 1540: "**Nothing is poison, but the dose makes it so.**" This hormetic principle has been demonstrated in hundreds of studies at the level of cells, tissues, and organisms. LDR has been shown to prevent and cure some cancers other diseases and adverse health conditions. Biological response mechanisms are stimulated by LDR: Immune cells and functions; genes and adaptive responses that enhance system-wide DNA damage control; and hormones and other physiological responses.

By this principle, radiation, like selenium and other toxic metals and minerals that are nutritional supplements, is harmful at high doses but beneficial, and probably essential, at low doses. The Committee concedes (p.8) that the data they use "come primarily from observations at moderate-to-high levels of exposure." But there is **no** important dispute over moderate-to-high level dose-response data. Far better had the Committee devoted most of the other 285 pages to the abundant LDR human and biological data, showing that populations exposed to LDR show undetectable or beneficial, not detrimental, health effects.

The Committee's mutagenesis review (pp.36-49) omits hundreds of significant biological studies of molecular **anti-mutagenic cell functions** and their responses. Also **unmentioned** are **oxidative free radicals and associated reactive oxygen species (ROS)**, the principal cause of DNA damage produced by both ionizing radiation and oxygen metabolism. DNA damage from metabolism exceeds that from 1 mGy per year background radiation by a factor of more than 100 million. The anti-mutagenic system of DNA damage control evolved to cope with this relentless onslaught of **metabolic damage**. There are three effective components of cellular DNA damage control: **prevention** by anti-oxidant scavenging of ROS; **enzymatic repair** of damaged DNA; and **removal** of persistent damage by apoptosis and the immune system.

Double-strand breaks in DNA (DSBs) are a thousand times more likely to have errors in repair than simple single-strand breaks; and they occur in up to 2% of radiation-induced DNA damage, but only in 0.00001% of metabolism-induced DNA damage. However, DSBs from metabolic damage still exceed those from background radiation by a factor of 1000. But, **LDR stimulates all these components of the anti-mutagenic system.** (High-dose radiation, on the other hand, suppresses them.) High dose, high dose-rate, radiation mutagenesis is linearly proportional to doses that are sublethal to cells. In contrast, hormetic **LDR decreases mutagenesis.** This effect has been shown to slow aging, and to decrease mortality from cancer and other causes. This generally results in longer mean lifetimes of LDR-exposed populations.

The Committee's primary flaw, like its predecessors, is that it **ignored most of the vast body of data** that show no harm from low-level radiation, and show stimulatory responses that produce health benefits. E.g., it cites RSH's "Data Document" (but only 1998, though it received the 1999 and 2000 updates), but it does not assess the several hundred science literature data sources there that contradict the LNT. The Committee disingenuously refers to a magazine article that has no references (Muckerheide 1995), while ignoring the actual data sources provided. It cites a one-page editorial comment by Pollycove, but not his comprehensive, data-filled papers; and cites Cohen's 1995 radon health effects paper, but not his many

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papers that refute the unsubstantiated disparaging comments that were used to simply dismiss, rather than assess, his many studies. Especially egregious is its failure to assess Cohen's joint paper with the renowned Harvard epidemiologist, Colditz (1994), that finds Cohen's data and analyses epidemiologically valid. Nor does it mention independent confirmatory studies by Bogen (1998) and others.

Instead of scientific scrutiny, the Committee **dismisses such studies, using generic comments with no assessment of their application to the study. The Committee did not show that results were invalidated by such generic concerns.** It only states (p.136) **"Given the intrinsic problems with analyses of ecological data described above, such data cannot be regarded as trustworthy,"** and concludes (p.49): **"Under some experimental conditions the adaptive response can protect cells against the mutagenic effect of ionizing radiation; however... the response seems unlikely to have a significant impact on radiation effects in human populations."** This statement is not compatible with its assertion (p.6 quoted above) that **"cancer in most populations... have not been found to be detectably increased, and that in most cases the rates have appeared to be decreased."**

After dismissing studies on large populations irradiated by radon in homes, or Co-60 at work, or living in high natural radiation areas, or receiving medical treatment with low-to-moderate radiation doses, the Committee states **"in vitro studies have yielded the most reliable dose-response data."** This is true for irradiating cells in a Petri dish, but it has no direct relevance to radiation health effects in whole organisms.

Since *in vitro* tissues and cells do not have capable immune systems, nor enzymatic and hormonal responses, nor apoptotic removal capabilities, etc., they do not indicate how whole organisms respond. Biologists know that cells in culture are laboratory artifacts; that cell experiments may help elucidate mechanisms, but they can **not** indicate how an organism will respond. Renato Baserga states in "The Molecular Basis of Cell Cycle and Growth Control," (Ed. Stein, Baserga, et al., Wiley-Liss, 1999): **"If you wish to study the cell cycle of the lining epithelium of the small intestine in mice, there is only one way to study it, and that is in a mouse. But if your concern is about mechanisms, gene expression, growth factors and so on, then yeasts and other cells in culture are the best choice. One only has to be very careful in avoiding extrapolations... the environment of cells in culture resembles the environment of cells in vivo no more than a zoo resembles an African habitat. The Petri dish is a hostile environment, and when cells are asked to grow in that environment, they pull out all the stops and start expressing all kinds of genes they do not express in the adult animal."**

On the page-and-half that "cover" hormesis (pp. 196-197), only two of the studies that clearly show beneficial responses to LDR were "addressed." First: a study by Miller et al. (1989) of **Canadian women TB patients** who were periodically examined by fluoroscopy. Breast cancer incidence vs. radiation dose shows a clear, statistically highly significant, cancer deficit in the 100 to 300 mGy range vs. the lowest-dose controls. Contradicting NCRP member E.W. Webster's analysis of this study in his 1992 Lauriston S. Taylor Lecture at the Annual NCRP meeting, published by NCRP September 1, 1992, the Committee claims that the deficit is not statistically significant, and falsely states that **"a simple linear dose-response curve provided an adequate fit to the data."** A 1996 "update" by Howe and McLaughlin is used instead. But it is known that this study grouped the 10 to 490 mGy data into a single dose group. This effectively hides this hormetic effect by burying the 53 deaths in the hormetic range (of about 79 "expected") with deaths above and below this range. They then state that **"the most recent report by Howe (2001-to be published)... found that a simple linear model fit the data better than a pure quadratic model... Thus the alleged deficit... should be regarded as a statistical anomaly that has now disappeared."**

Adding to the apparent effort to suppress the actual data, this manipulation raises other questions: Does the Committee intend that failure to fit a quadratic model automatically proves a linear model? In fact, since entirely different biological processes take place during low-dose irradiation from those occurring at high doses, a simple linear fit to both ends of the data is precluded. And is "Howe (2001-to be published)" on which the Committee relies, the same as "Howe (1998-in press)" used in this same context in the October 1998 draft SC 1-6 report (then claimed to be "in press"?) still not accepted for publication? The Committee does not even summarize the methods and results of this "new study," unlike its expositions on other much less significant

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unpublished studies. This effort to transform a study from one demonstrating statistically significant beneficial effects of LDR, into one "consistent with" linearity, should be re-examined.

Secondly: the Committee discusses the **Nuclear Shipyard Worker Study**, generally considered the best and strongest epidemiological study of nuclear workers ever conducted. This 10 million dollar, 10-year study (1978-1987) was directed by Congress in response to allegations of adverse health effects in shipyard workers. It was done for the US Department of Energy and the U.S. Navy by the Johns Hopkins Department of Epidemiology. Its Technical Advisory Panel was headed by Dr. Arthur Upton, who was concurrently BEIR-V Committee Chairman, and also Chairman of this NCRP Committee. This study population (about 70,000 workers) was taken from more than 700,000 workers that include 108,000 radiation-exposed workers. Thus, the study was able to match unirradiated-worker control groups to exposed-worker groups, by age, under the same health plan, doing the same work under identical working conditions, except for exposure to Co-60 irradiation. In this way, the study, under the guidance of its Technical Advisory Panel, was able to eliminate the "healthy worker effect." All irradiated workers wore film badges, under a rigorous program compared to other early nuclear workers; and since the significant radiation source was external Co-60, they had the most accurate radiation dose data.

As shown in the Figure to the right, there is a highly significant decrease in mortality from "All Causes," by 16 standard deviations (SDs). Deaths from "All Malignant Neoplasms," that is, *All Cancers*, not "just for radiosensitive cancers" (p. 196) were more than 4 SDs below controls (p<0.001). This was apparently not the result expected or desired. These dramatic effects are explained by the Committee as, "This interpretation ignores the likelihood of occupational selection factors that led some to qualify for radiation work while others did not."

However, that issue had already been addressed by the study authors. It was determined that this selection affected only a handful of nuclear workers out of nearly 30,000, and could not significantly affect the results.

DOE published an abstract in 1993, but neither DOE nor the Principal Investigator has submitted a paper for publication, even though a contract with the Principal Investigator to support this study was continued in 1994. Most egregiously, DOE's Summary of Findings reported only a few statistically insignificant "radiosensitive cancers", not the most important result - the "All Malignant Neoplasms" category. When DOE finally made the report available with a brief news release in 1991, the large, highly significant decrease in mortality from "All Causes" was explained away as a "healthy worker effect". This duplicitous explanation was recently repeated in DOE's comments on the June 30, 2000 GAO Report on this subject, even though this has been documented and acknowledged many times as a misrepresentation, including by UNSCEAR 1994.

This study was excluded by the BEIR V Committee, by the DOE-funded IARC "study of nuclear workers in three countries" (Cardis 1995), and today in the then on-going IARC "study of 600,000 nuclear workers."

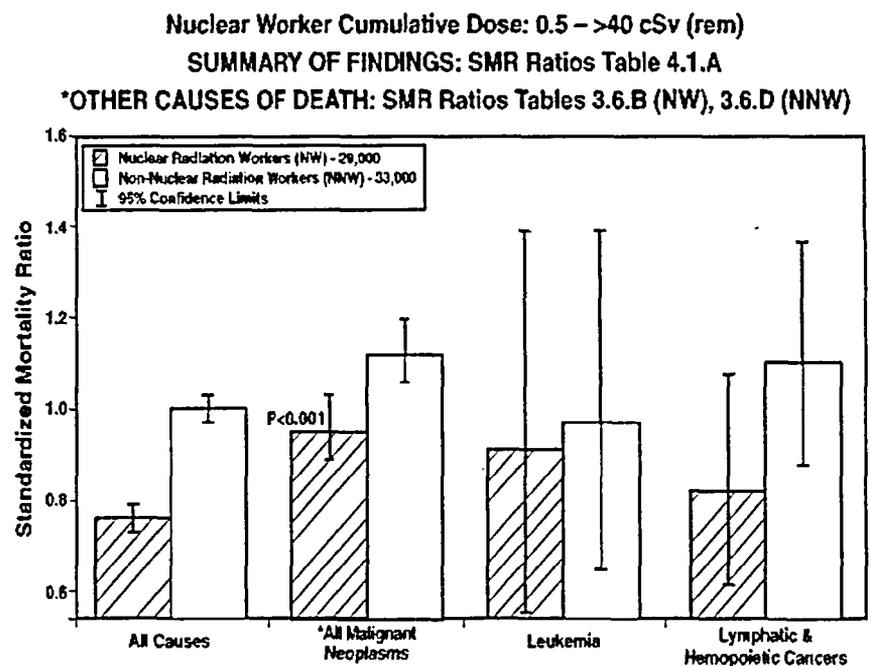


Figure 5. Standardized mortality ratios for selected causes of death among shipyard workers in the U.S. Matanoski GM. (1991)

The Committee makes a few fleeting references to **genetic effects of radiation**. It would have been forthright to confirm, at least, the long-standing conclusion that no heritable genetic effects are observed in several generations of irradiated humans; nor in massive animal studies at doses below 250 mGy. In view of the public fear of the possibility of creating mutant off-spring, exemplified by an estimated 100,000 "preventive" abortions after Chernobyl, the Committee inappropriately leaves such answered questions unanswered.

The Committee misrepresents volumes of data, especially by using high-dose data to project effects to zero dose, and using figures that substantially conceal low dose data. The Committee has figures and tables with multiple data sources that exclude highly significant studies. E.g., for lung cancer, Section 9.3.5 (p.166) does not include the well-known analysis of studies by Harald Rossi and Marco Zaider in their 1997 comprehensive assessment of lung cancer caused by external radiation. (Their "Figure 1" is to the right.)

Rossi and Zaider state: "A critical review of the literature leads to the conclusion that at the radiation doses generally of concern in radiation protection (< 2 Gy), protracted exposure to low linear energy transfer (LET) radiation (x- or gamma-rays) does not appear to cause lung cancer. There is, in fact, indication of a reduction of the natural incidence."

In addition to selective exclusion of data, and misrepresentation of data, the Committee also suppresses voluminous LDR dose-response data from biology and medicine. Animal and human studies consistently show bio-positive responses to LDR, with lower cancer and disease rates, and successful treatment of some established cancers and other diseases. LDR effectiveness in clinical medicine has shown significant results in combating inflammations and infection. The Committee acknowledges these in its statement (p.124-125): "...where the mean survival time of lightly irradiated animals has significantly exceeded that of the controls, the differences have generally been attributable to radiation-induced reduction in the rate of mortality from intercurrent infectious diseases..."

This same immune system also controls cancer.

The Committee stated the significance of its conclusions as follows (p.205): "Although it is widely acknowledged that adaptive responses may underlie some of the observed [data]...there is no firm evidence thus far that such responses can be expected to operate effectively enough to protect completely against the mutagenic and carcinogenic effects of low-level radiation. Thus, in spite of some suggestions to the contrary... the data are generally interpreted not to exclude the linear non-threshold model and thus to provide insufficient grounds for rejecting the linear non-threshold dose-response model as a basis for assessing the risks of low-level ionizing radiation in radiation protection (ACRP, 1996; NRPB, 1995; UNSCEAR, 1994)."

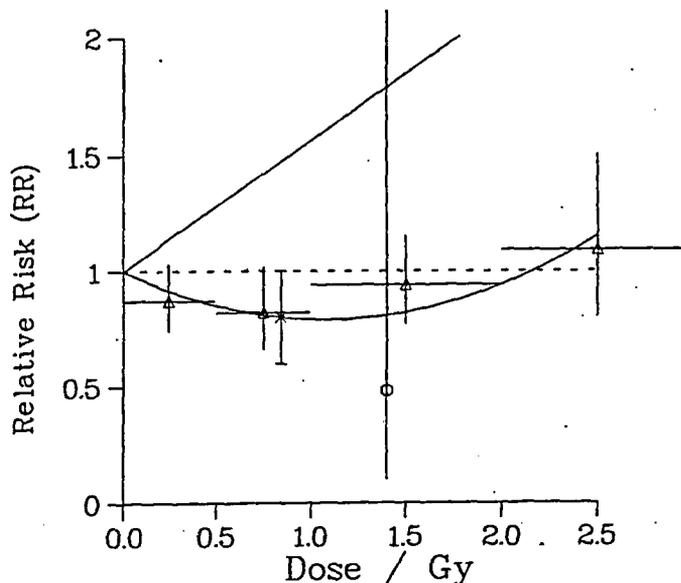


Fig.1 The relative risk of lung cancer following exposure to low-linear energy transfer (LET) radiation: Δ (Howe 1995); × (Davis et al 1989); o (Neuguit et al. 1993). Howe data horizontal bars indicate the dose bins he used. Neuguit et al data are the relative risk in the contralateral lung 10 years or more after diagnosis of breast cancer; it is shown at the average of the two doses reported for this tissue. The 95% confidence intervals, indicated by vertical bars, were taken from the original publications; for the data point from Neuguit et al., the confidence interval was estimated by us. The straight line of positive slope is: $RR=1+0.56D/Gy$ recommended by ICRP [1991]. The curve represents the expression, Eq(1). [Not shown. From Rossi and Zaider 1997.]

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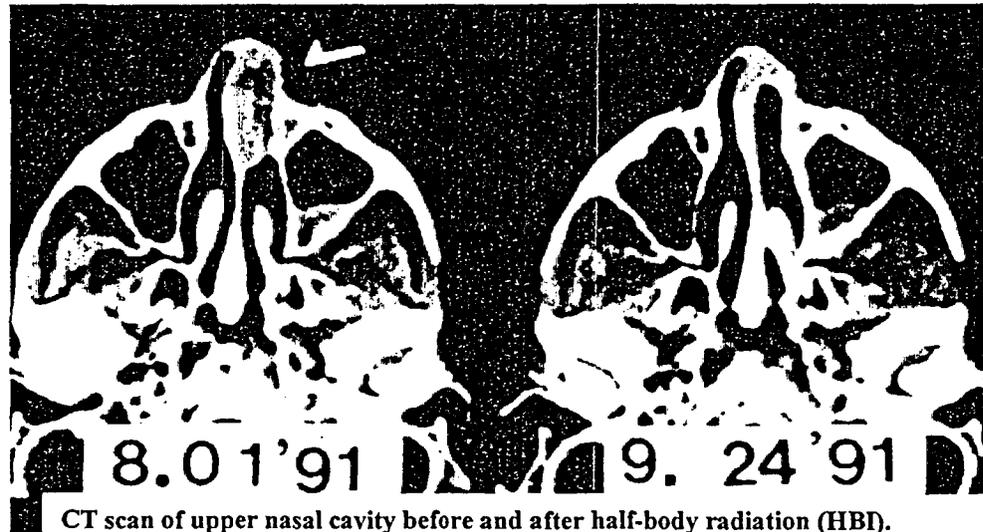
To achieve even this weak conclusion, the Committee had to select biased data, and cite for support their kindred policy bodies whose reports are similarly biased, rather than substantial scientific sources

This is shown by hundreds of studies, and current anti-cancer research.

One example, from a study of 24 patients with non-Hodgkin's lymphoma, is shown in the Figure to the right (from Takai, 1992). LDR

stimulation of the immune system by

"half-body" X-ray (by 2 or 3 exposures / week, of 150 or 100 mGy, for 5 weeks, for 1.5 Gy total exposure) was sufficient to eliminate this nasal tumor at the base of the skull. These CT images were obtained one week before and one week after the LDR series. Blood tests and tumor tissue examinations confirmed the role of the enhanced immune system in destroying the tumor. These studies, and much more data on immune system stimulation by LDR, were provided to the Committee. It chose to ignore, and thereby misrepresent, the data.



CT scan of upper nasal cavity before and after half-body radiation (HBI).
Nasal tumor, though completely outside the HBI field, disappeared after HBI

Many knowledgeable scientists have expressed similar frustration with having their carefully documented data never incorporated, evaluated or even acknowledged. For example, former UNSCEAR Chair, Zbigniew Jaworowski, MD, PhD, wrote of how his organization's input was treated:

"We never received an answer to this criticism, and in the final version of NCRP Report No. 136, almost all of these comments were ignored...**The Report is not an objective evaluation** of the validity of the linear-nonthreshold dose response hypothesis (LNT); **but rather is a propagation of LNT.** It does not demonstrate that LNT is scientifically valid, but rather that NCRP holds LNT dear. Because of the longstanding involvement of NCRP in applying LNT as the basis of radiation protection and radiation risk evaluation, with all of its far reaching economic, health and social consequences, **NCRP is probably not a proper body to conduct an objective estimate of the validity of the LNT,** because of the group vested interests that are the case here. In the face of a mounting scientific evidence of invalidity of this hypothesis, and the increasing number of its opponents, the Committee's Report can be seen as an attempt to defend the LNT, and an attempt for an exculpation for its past use...

"The Committee has presented an unbalanced presentation of the pros and contras to the LNT. **The Report demonstrates a biased selection of published results, offering lengthy and often misleading pro-LNT interpretations and data, but curtailing and deforming the information to the contrary, and most often ignoring it. The Report concentrates almost exclusively on detrimental effects of radiation, and ignores totally the beneficial effects, and even does not mention an existence of the studies of Planel and his group (e.g. Planel et al. 1987) that suggest that ionizing radiation may be essential for life.**"