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General Comment

September 28, 2015

COUNCIL ON INTELLIGENT ENERGY & CONSERVATION POLICY (CIECP) COMMENTS TO
NUCLEAR REGULATORY COMMISSION (NRC)

RE: 10 CFR Part 50, appendix I relating to Radioactive Effluents & Protection Standards (docket no. NRC-2014-0044)

Dear NRC:

The NRC has a genuine opportunity to significantly advance public health.

The crucial preliminary question you must answer is: What is the NRC's goal?

Is the goal of the Commission to provide strong protection to the public and the environment?

Or is the goal to protect humans and nature to the extent feasible, given continuing operation of the commercial nuclear industry?

These are distinct - and we believe disparate - goals. And we ask, that if the NRC consideration involves advancement of the second goal, that the Commission admit this clearly and candidly to the public you serve.

The current NRC standards and the recommendations of the ICRP articulate the first principle, but deeply incorporate the assumptions and objectives of the nuclear industry.

We urge substantial strengthening of public protections in the nuclear power radiation release standards. We, as citizens, want our children to live in a world that is thriving, clean, safe, better. We hope you do too.

This is not going to happen if our regulatory schemas continue to effectively promote dirty, dangerous, and extractive forms of energy. It is not going to happen with radiation and countless other toxins draining into our rivers, lakes, streams, and groundwater.

Our resources are rapidly being depleted. Report after report warns that groundwater and surface waters will be increasingly strained. Thus it is imperative the NRC consider present and future radionuclide concentration in all potential sources of water in rulemaking. The NRC should also consider all radiation emission generators and pathways. These pathways include those derived from medical imaging as well as accidental effluent releases. It is the reality of the total burden and the impact upon vulnerable persons that are the factors relevant to public health.

Public exposure derives both from large-scale accidents like Fukushima and from smaller-scale but collectively sizable "unplanned" releases into the environment. The NRC acknowledges these have occurred at every nuclear plant site in the U.S. With an aging fleet, such releases will undoubtedly continue and, in all likelihood, increase.

Most alarmingly, rates of childhood cancers and neurodevelopmental disorders have been rising, as has incidence of autoimmune disease. We can debate the fine points of which toxin does what and with what synergistic effects for the rest of the century. But in the meantime, our children are sick.

We are creating an ecosystem awash in toxins.

And we need to stop.

Radiation is a known carcinogen and a known neurotoxin. Uniquely among the poisonous stew we are spewing, radioactive isotopes emitted from every single stage of the nuclear power fuel cycle will remain lethal and dangerous for many centuries to come. Thus - even ignoring all the additional radiation exposures from accidents and leaks - the so-called "low-levels" of radiation will accumulate and long-lived isotopes will remain cycling in and out of biological organisms and the biosphere for tens of thousands of years.

How many generations of children do we want to put at risk?

These are the genuine moral and ethical considerations that need to be factored into updating of the allowable radiation exposure and effluent release standards.

More specifically, the NRC must expand protection to include noncancer risks, enhance protection of prenatal and neonatal babies, young children, girls, adolescents, women, African American women, Native American communities, and people with radiosensitivity (which includes the infirm).

A vast and growing body of scientific knowledge demonstrates that these groups are disproportionately vulnerable to the effects of radiation, not to mention other environmental pollutants.

It is most imperative that NRC recognizes current developments in the understanding of disease processes relevant to radiation exposure. Most notably, seeing cancer and other illness as merely the consequence of DNA damage and mutations is an extremely obsolete view. Current science shows that complex cellular interactions and mechanisms, including endothelial dysfunction, inflammation, mitochondrial dysfunction and oxidative stress clearly play a relevant role in radiation-induced negative health consequences.

We leave it to your good intention, to consider the evidence, consider the trends, and consider the vital interests at stake.

Sincerely,

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