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Reassessment of NRC's Dollar Per Person-Rem Conversion Factor Policy

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General Comment

NUREG 1530 Revision

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Reassessment of NRC's Dollar Per Person-Rem Conversion Factor Policy

\$5,100 per person rem conversion factor is not updating value of statistical life (VSL) to \$9 million, but to \$5.1 million if you use excess cancer risk (morbidity) rather than only death (mortality), & use US gov funded BEIR VII (2005). Using US gov funded INWORKS (Richardson et. al. Oct. 2015), excess cancer rates are 10 times higher than BEIR. Richardson et. al. give excess cancer DEATHS at 51-58% per Sievert (Sv). Excess cancer cases are roughly double (52% of those with cancer die). Thus, 99 to 100% excess cancers per Sv. BEIR VII excess cancer risk (morbidity) is 0.001 per person rem (10mSv). This excludes other diseases, such as cataracts, and inherited defects. Richardson-INWORKS excess cancer risk (morbidity) is approx. 0.01 per person rem, so VSL is \$510,000 or less, using NRC proposed \$ per person rem conversion factor of \$5,100. The \$ per person rem conversion factor must be \$90,000 (INWORKS) to really be \$9 million; \$9,000 for BEIR.

The current \$1,000 conversion factor puts VSL at \$100,000 (INWORKS) or \$1,000,000 (BEIR VII).

A "recommendation" of NRC claims to use \$2,000 person rem conversion factor. However, NRC discounts this \$2,000 backwards from the theoretical date of an accident, with a 7% discount rate (NUREG/BR-0184). In 25 years, e.g. in NUREG/BR-0184, pp. B-3-4, the \$2,000 reduces to \$368! This reduces VSL to \$36,800 (INWORKS) or \$368,000 (BEIR VII). Meanwhile NRC pretends VSL is \$3 million!

Cost of life-extending cancer drugs is \$120,000 (Mem.Sloane Kettering, median) to \$207,000 (MIT) per

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additional year of life and is increasing at 10% per year even adjusting for inflation (MIT). 14 to 15 years is the avg life-shortening effects of the radiation induced cancers (BEIR).

Thus, \$9 million will not pay even for 14 to 15 years of cancer drugs in the future. There are other medical costs. Who pays?

Even the IMF considers medical costs from pollution an unfair subsidy to the energy sector. NRC allows the nuclear utilities-industry to externalize the true cost upon society. Cancer is not simply an individual problem, but has heavy social and economic costs to society as a whole- individuals and taxpayers. And, cancer is not the only costly radiation induced health problem.

Human Capital is ignored: NRC makes VSL of older, educated, experienced people less, because they are more likely to get cancer due to age!

Where is value of paid and unpaid labor? Loss of middle-aged people means someone must pay for caregiving of children and elderly, as well as for the middle-aged with cancer. Women are more likely to get cancer and be caregivers. Who pays?

This is also discriminatory & probably illegal. It means that nuclear reactors near middle aged & senior citizens will not be as likely to upgrade to protect against nuclear accident. If the utility does not plan to evacuate elderly-disabled people, this violates the ADA (Americans with Disabilities Act) and probably the Civil Rights Act. On p. 25 NRC says: "doses to a population whose age distribution is not representative of the general population could be subject to a different risk coefficient because health risks are directly related to the age distribution of the affected population." Does the "N" in NRC stand for Nazi? They exterminated the disabled to save money. Those involved were tried for "Crimes Against Humanity." However, that was arguably more humane than the radiation poisoning, cancer, blindness, etc. which the NRC proposes for the elderly and disabled.

Your use of cost-benefit is fraudulent because costs and benefits accrue to different groups. It is public health vs. utility/corporate profit. Your use of "Willingness to Pay" is fraudulent for the same reasons. Clearly, you did not ask people if utilities should pay, but if they would pay. You didn't give a death free renewables option either.

Americans increasingly turn to high cost fertility treatment in order to have children. But, the ICRP considers the first 2 weeks of baby lives expendable. Yet, those getting fertility treatment are not notified of this, and even mortgage their homes for repeated attempts to have a baby. This is not factored in. But how to quantify extermination of one's genes anyway?

Stochastic is incorrectly defined in your document. Stochastic refers to the randomness of radiation damage, which can lead to long-term health impacts. Because damage is random, increased exposure increases risk. The more bullets shot at you, the more likely you are to be fatally shot.

Contrary to what NRC says, VSL IS about the value of real people's lives. Just like in mass shootings, it is real people who are killed. Statistics are the odds of being killed. The more you allow the nuclear industry to pollute, the more real people will be killed.