

International Academic Conference on Radiation Health Risk Management

Fukushima, Japan; 25 – 27 February 2013

Some Issues Identified from the Fukushima Accident

vis-à-vis

the ICRP System of Radiological Protection

(Keynote Speech 1; Tuesday 26 February)

Abel J. González
アベル・ゴンサレス

Vice-Chair of the International Commission on Radiological Protection (ICRP)

Member of the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR)

Member of the Commission of Safety Standards of the IAEA

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Thank you,... Nippon Foundation!

Thank you,... 日本財団 (Nipponzaidan)!



Thank you,... Fukushima Medical University!

Thank you,... 福島県立医科大学!

(Fukushima kenritsu ika daigaku)!

Argentine Declaration at the Ministerial Conference on Nuclear Safety, Fukushima, 15-17 December 2012

http://www-pub.iaea.org/iaeameetings/Fukushima/Argentina_StatementN.pdf

- *“Between 11 and 12 September 2011, in the city of Fukushima, a selected international group of experts on radiation and health risks was convened by the Nippon Foundation (日本財団 Nipponzaidan), headed by the Good Will Ambassador of the World Health Organization, Mr. Yohei Sasakawa, together with the Fukushima Medical University”.*
- *“Their work provided the basis of the program of radiological assessment and assistance underway at the University, and was widely reported by the Japanese press”.*

ICRP Task Group 84



INTERNATIONAL COMMISSION ON RADIOLOGICAL PROTECTION

ICRP ref 4832-6303-9753
June 18, 2011

Terms of Reference for Task Group 84 of the ICRP Main Commission

**Initial Lessons Learned from the NPP Accident in Japan
vis-à-vis the ICRP System of Radiological Protection**

Approved by the Main Commission on June 18, 2011

ICRP Task Group 84: Membership

- **Makoto Akashi** , National Institute of Radiological Sciences (NIRS), Japan;
- **John D. Boice Jr.** , International Epidemiology Institute, USA;
- **Masamichi Chino**, Japan Atomic Energy Agency (JAEA), Japan;
- **Toshimitsu Homma**, Japan Atomic Energy Agency (JAEA), Japan;
- **Nobuhito Ishigure**, Nagoya University, Japan;
- **Michiaki Kai Oita**, University of Nursing and Health Sciences, Japan;
- **Shizuyo Kusumi**, ex-Nuclear Safety Commission, Japan;
- **Jai-Ki Lee**, Hanyang University, Korea;
- **Hans-Georg Menzel**, CERN, Switzerland;
- **Ohtsura Niwa**, Fukushima Univ., Japan;
- **Kazuo Sakai**, National Institute of Radiological Sciences, Japan;
- **Wolfgang Weiss**, Federal Office for Radiation Protection (BfS), Germany;
- **Shunichi Yamashita**, Nagasaki University and Fukushima Medical University, Japan;
- **Yoshiharu Yonekura** , National Institute of Radiological Sciences , Japan, and,
- **Abel J. González**, Autoridad Regulatoria Nuclear, Argentina (Chair)

Issues identified

1. inferring radiation risks;
2. attributing radiation effects;
3. quantifying radiation exposure;
4. assessing internal exposures;
5. managing emergency crises;
6. protecting rescuers and volunteers;
7. responding with medical aid;
8. justifying disruptive protective actions;
9. transiting from the emergency to an existing situation;

Issues identified

10. rehabilitating evacuated areas;
11. categorizing public exposures due to an accident;
12. restricting public individual doses;
13. caring for infants and children;
14. considering pregnant women;
15. monitoring public protection;
16. dealing with 'contamination' of territories, rubble and residues, and consumer products;
17. recognizing psychological consequences; and,
18. fostering the sharing of information

Warning

- **The aim is not a critique of ICRP recommendations.**
 - **ICRP was used successfully in Japan.**
 - **People were properly protected.**
 - **No radiation injuries were reported**
- **The aim is learning lessons for further improvement!**
- **From the 18 issues identified I have selected 10 for this presentation**

Content

Issues on...

1. ...Radiation Risks
2. ...Health Effects
3. ...Quantities/Units
4. ...Internal Exposure
5. ...Occupational Protection
6. ...Public Protection
7. ...Public Monitoring
8. ...‘*Contamination*’
9. ...Psychological Effects
10. ...Communication

1.

Issues on Radiation Risks

Misunderstandings on risk coefficients

- The substantial biological, epidemiological, and ethical foundations supporting the basic notion of *risk* used for radiological protection purposes were misunderstood by the public at large in Japan.
- The concept of a dose and dose-rate effectiveness factor (DDREF) was notably misunderstood; in part because its wording is somewhat convoluted, even in English.
- Unfortunately, the media contributed to the misunderstandings.

Dose and dose-rate effectiveness factor

線量・線量率効果係数 (DDREF)

- A judged factor that generalizes the usually lower biological effectiveness (per unit of dose) of radiation exposures at low doses and low dose rates as compared with exposures at high doses and high dose rates.
- (単位線量当たりの)生物学的効果が低線量・低線量率の放射線被ばくでは高線量・高線量率における被ばくと比較して通常低いことを一般化した, 判断によって決められた係数。

For radiation protection purposes, ICRP

uses the concept of

detriment-adjusted nominal risk coefficient

損害で調整された名目リスク係数

Nominal risk coefficient

名目リスク係数

**Sex-averaged and age-at-exposure-averaged
lifetime estimates of probability of harm
for a representative population.**

代表的集団における性及び被ばく時の年齢で平均化された生涯リスク推定値。

Detriment-adjusted risk

損害で調整されたリスク

The probability of the occurrence of a stochastic effect, modified to allow for the different components of the detriment in order to express the severity of the consequence(s).

結果の重篤度を表現するため、
損害の様々な構成要素を考慮に入れるように修正された確率的影響の発生確率。

Detriment-adjusted nominal risk coefficients

for stochastic effects after exposure to radiation at low dose rate

低線量率放射線被ばく後の確率的影響に対する、
損害で調整された名目リスク係数

[% Sv⁻¹]

Nominal Population 被ばく集団	Cancer & leukæmia がん	Hereditable 遺伝性影響	Total 合計
Whole 全集団	5.5	0.2	5.7
Adult 成人	4.1	0.1	4.2

Rounded value used in RP standards ⇒ ~5% Sv⁻¹

In sum.....

- Following a review of the biological and epidemiological information on the health risks attributable to ionising radiation, the new ICRP Recommendations reconfirm previous estimates of the detriment-adjusted nominal risk coefficient, which remain unchanged at around 5% per sievert of effective dose.
- This value is coherent and consistent with the estimates of the **United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR)**.
- **The claims that radiation risks have been underestimated by ICRP are a misrepresentation and are not substantiated**

2.

**Issues on Attributing Radiation
Health Effects to Low Doses**

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Death toll from Japan nuclear catastrophe could top 500,000

DATE: 13 AUGUST 2011 POSTED BY : SPECIAL TO THE CANADIAN



John H. Large has been reported as having predicted that the death toll in the years ahead could top the 500,000 attributed to the Chernobyl accident of 1986 and warned that panicked repair attempts could lead to an even greater disaster. Mr. Large, a British nuclear engineer, said: "The Japanese don't know how to deal with it. They're ad-libbing.

"Just throwing water on to the reactors, when they cannot get inside to see what the situation is, could mean the fuel goes critical again.

"And while the radiation leak so far is only a tenth of that at Chernobyl, that was in a rural area with a low population. In Japan it's an urban, densely packed area so the potential numbers of deaths and cancers are much higher."

Mr. Large is an independent [nuclear engineer](#) and analyst primarily known for his work in assessing and reporting upon [nuclear safety](#) and [nuclear related](#)

[accidents and incidents](#). [LINK] From the mid-1960s until 1986 Large was an academic in [Brunel University's](#) School of Engineering, where he undertook research for the [United Kingdom Atomic Energy Authority](#).

Mr. Large prepared a critical review of the preliminary report of the [IAEA](#) Fact Finding Mission undertaken to Fukushima Dai-ichi in May 2011. [LINK][LINK]

Polls
Olivia's Capitalistocracy: S



Do you welcome and have reservations about Target taking over Zellers in Canada?

- Welcome it
- Have reservation

Vote

Result

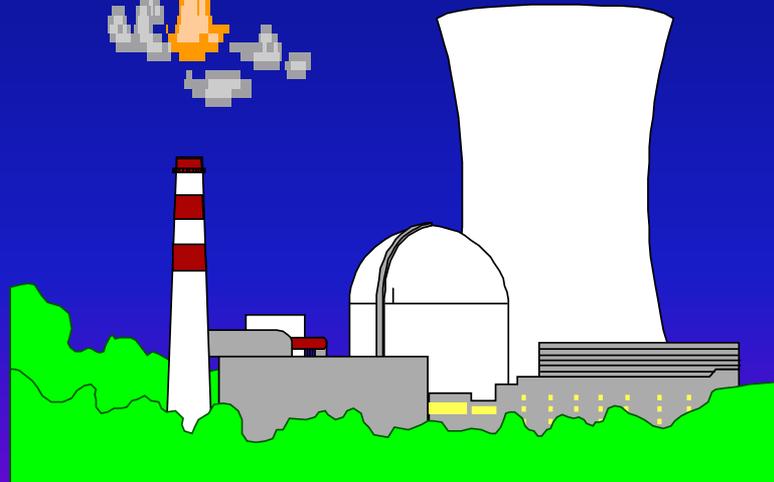
Blog Books Latest Culture

- Manipulative Extraterrestrials control Earth suggests Dr. Michael Salla
- Humanized face of aliens control Earth suggests Dr. Michael Salla
- Perpetuated War and Canada's First Nations
- Toronto Housing

**Will I be one of
the 500,000?**



Modeling



Collective doses

Discharge from Fukushima



**Collective dose
(person-sieverts)**

X

**Nominal
Risk
Coefficient
(0.05/Sv)**

=



**Persons (nominal)
=
number of corpses**



• **PRESS RELEASE** •
International Atomic Energy Agency
World Health Organization
United Nations Development Programme

Contact: Marshall Hoffman, USA
Office (703) 820-2244
Home (703) 533-8482
Cell (703) 801-8602

Melissa Fleming, IAEA, Vienna, Austria
Office (+43 1) 2600-21275
Mobile (+43) 699 165 21275

EMBARGOED: September 5, 2005 at 4 p.m. local time

Released simultaneously from London, Vienna, Washington, and Toronto
B-rolls are available for TV producers.

Chernobyl: The True Scale of the Accident
20 Years Later a UN Report Provides Definitive Answers and Ways to Repair Lives

A total of up to four thousand people could eventually die of radiation exposure from the Chernobyl nuclear power plant (NPP) accident nearly 20 years ago, an international team of more than 100 scientists has concluded.



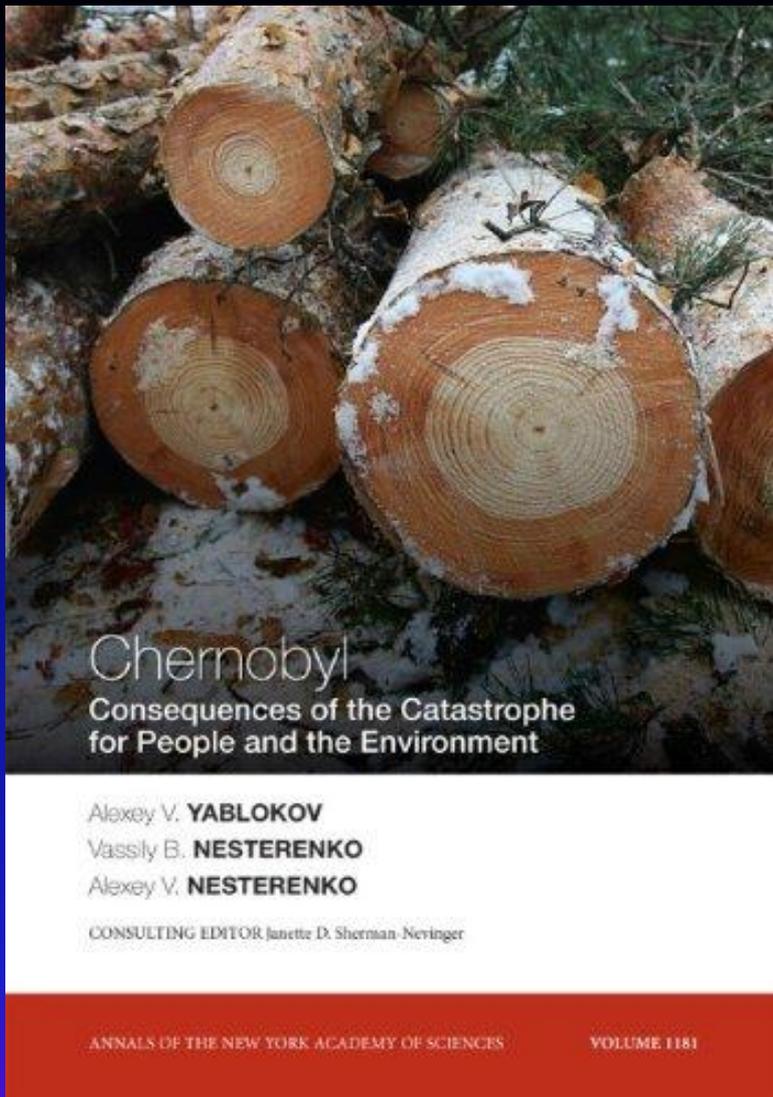
March 25, 2006 Saturday

SECTION: GUARDIAN INTERNATIONAL PAGES; Pg. 17

HEADLINE:

UN ignores 500 000 Chernobyl deaths

IAEA says will be less than 4 000

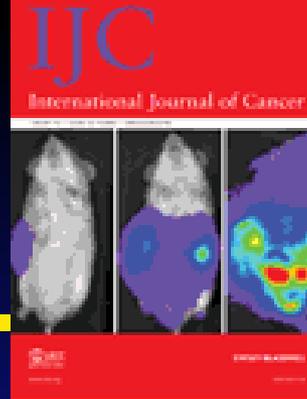


**Chernobyl:
Consequences of the Catastrophe
for People and the Environment**
**Annals
of the
New York Academy of Sciences**

**Alexey V. Yablokov (Editor),
Vassily B. Nesterenko (Editor),
Alexey V. Nesterenko (Editor),
Janette D. Sherman-Nevinger (Editor)**

*It concludes that based on records now available,
some 985,000 people died of cancer caused by the Chernobyl accident!*

Scientific misleadingless



International Journal of Cancer

Volume 119, § 6, pp 1224–

1235

15 September 2006

REPORTED:

- ...[by 2006] Chernobyl may have caused about 1,000 thyroid cancer and 4,000 other cancers in Europe.
- ...by 2065 about 16,000 thyroid cancer and 25,000 other cancers may be expected due to radiation from the accident.

CAVEATS

- ...several hundred million cancers are expected from other causes...
- ...estimates are subject to considerable uncertainty...
- ...it is unlikely that the cancer burden could be detected...
- ...trends in cancer incidence and mortality in Europe do not indicate any increase in cancer rates that can be attributed to Chernobyl..

UNSCEAR: Report to the UN General Assembly



United Nations

Report of the United Nations Scientific Committee on the Effects of Atomic Radiation

**Fifty-ninth session
(21-25 May 2012)**

**General Assembly
Official Records
Sixty-seventh session
Supplement No. 46**

§ 25. The Committee has addressed the attribution of health effects to different levels of exposure to ionizing radiation, and has reached the following conclusions:

.....

(f) In general, increases in the incidence of health effects in populations cannot be attributed reliably to chronic exposure to radiation at levels that are typical of the global average background levels of radiation.

This is because of the uncertainties associated with the assessment of risks at low doses, the current absence of radiation-specific biomarkers for health effects and the insufficient statistical power of epidemiological studies. Therefore, the Scientific Committee does not recommend multiplying very low doses by large numbers of individuals to estimate numbers of radiation-induced health effects within a population exposed to incremental doses at levels equivalent to or lower than natural background levels.



Preliminary dose estimation

from the nuclear accident
after the 2011 Great East Japan
Earthquake and Tsunami



Natural Background

annual dose
mSv/year

Few people
In few areas \Rightarrow ~ 100

VERY HIGH

Many people
In many areas \Rightarrow ~ 10

TYPICALLY HIGH

Majority of people
around the world \Rightarrow ~ 2.4

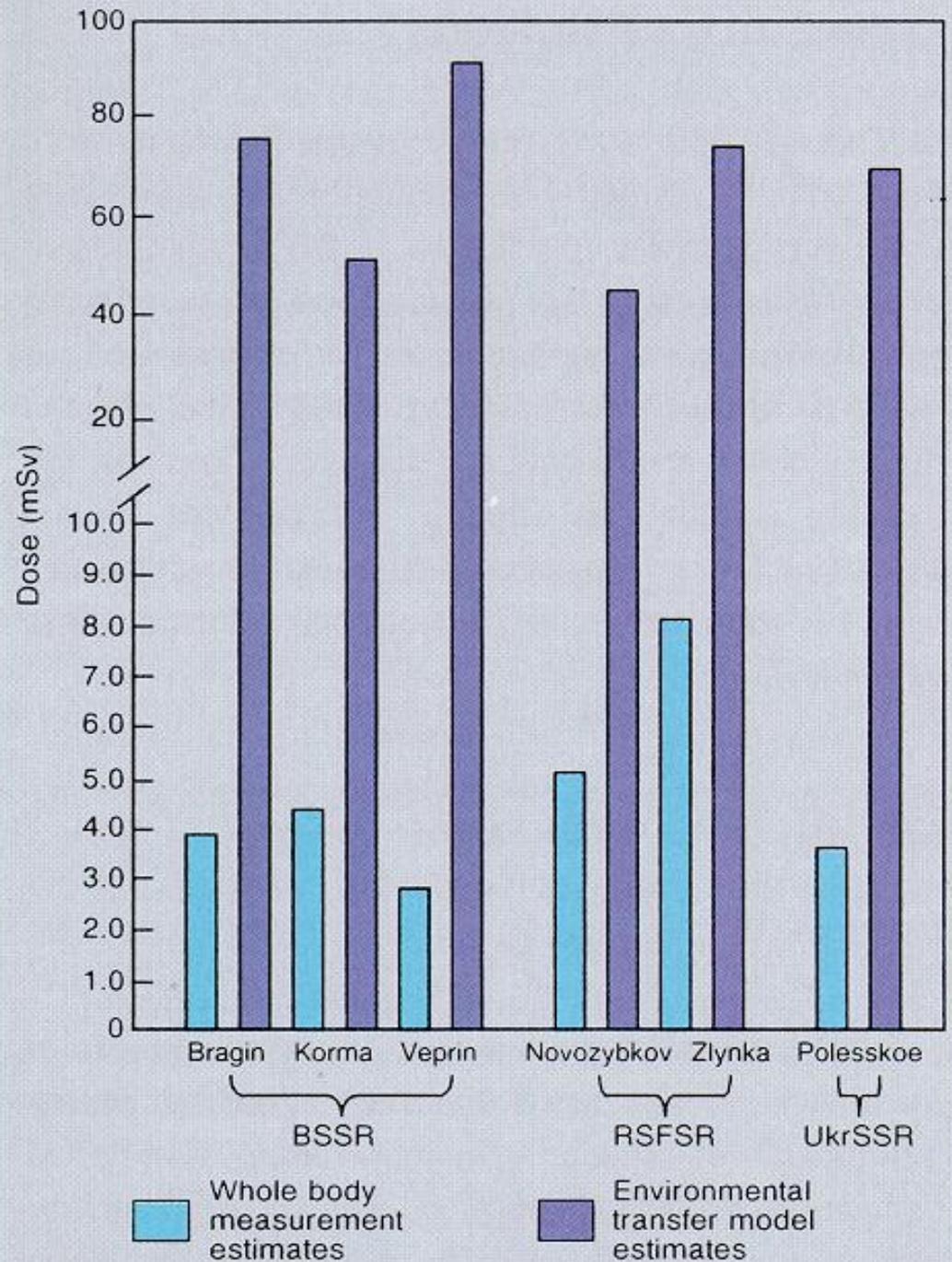
AVERAGE

~ 1

MINIMUM

Calculated
Doses
due to the
Accident

In Chernobyl,
radiation doses
measured
in vivo
were much lower
than those estimated
theoretically.



In sum, at low radiation doses

1.**EFFECTS** cannot be **retrospectively** demonstrated; therefore:
actual effects can not be attributed.

...but...

2.**RISKS** can be **prospectively** inferred; therefore:
radiation protection is required.

Risk (危険) is akin to

Probability (確率)

i.e., to the ability to estimate by *inference*
the *prospective possibility* of health effects

Health effects (健康影響) are akin to

Provability (証明可能性)

i.e., to the ability to reveal by *evidence*
the *retrospective true existence* of health effects

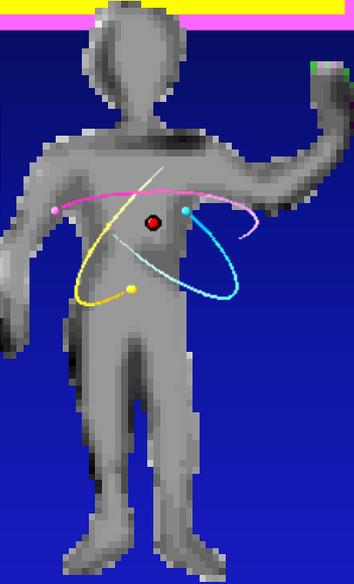
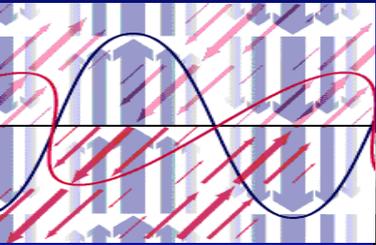
3.

Issues on Quantities and Units

Quantities Used in Radiological Protection

放射線防護に用いられる諸量

Activity, A
放射能
(bequerel or curie)



Absorbed dose, D
吸収線量
(gray or rad)

Fluence, ϕ
フルエンス

Absorbed dose, D
吸収線量
(gray or rad)



Radiation weighting factor, w_R
放射線加重係数

Equivalent dose, H_T
等価線量
(sievert or rem)

放射線のタイプ	放射線加重係数, w_R
光子	1
電子 ^{a)} とミュー粒子	1
陽子と荷電パイ中間子	2
アルファ粒子, 核分裂片, 重イオン	20
中性子	中性子エネルギーの連続関数 (図1と式(4.3) 参照)

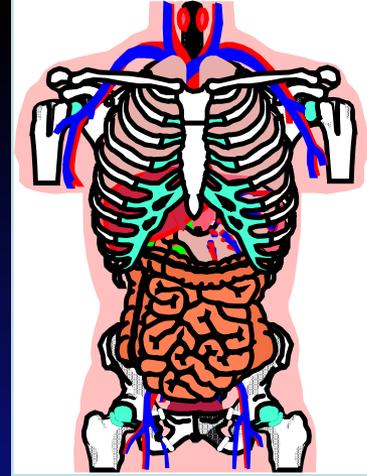
Equivalent dose, H_T
等価線量
(sievert or rem)



Tissue weighting factor), w_T
組織加重係数



Effective dose, E
実効線量
(sievert or rem)

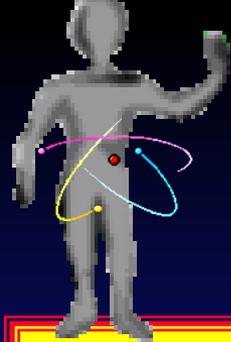


組織	w_T	Σw_T
骨髓 (赤色), 結腸, 肺, 胃, 乳房, 残りの組織*	0.12	0.72
生殖腺	0.08	0.08
膀胱, 食道, 肝臓, 甲状腺	0.04	0.16
骨表面, 脳, 唾液腺, 皮膚	0.01	0.04
合計		1.00

残りの組織：副腎, 胸郭外(ET)領域, 胆嚢, 心臓, 腎臓, リンパ節, 筋肉, 口腔粘膜, 膵臓, 前立腺 (♂), 小腸, 脾臓, 胸腺, 子宮/頸部 (♀)。

These quantities and units have caused considerable communication problems, including the following:

- **the differences between the quantities and the units are not well understood even by educated audiences;**
- **the distinction between the quantities for radiological protection and the operational quantities used for radiation measurement is even more difficult to understand in part due to semantic problems;**
- **the use of the same unit for the equivalent dose in an organ and the effective dose in the body has enhanced confusion further;**
- **the lack of a formal quantity for a radiation-weighted dose for high doses was, fortunately, not a problem in this accident but continues to be an unresolved issue; and,**
- **why there are so many different quantities in radiation protection?**



Activity
(Bq, curies)

Fluence
(cm^{-2})

Absorbed Dose
(Gy, rad)

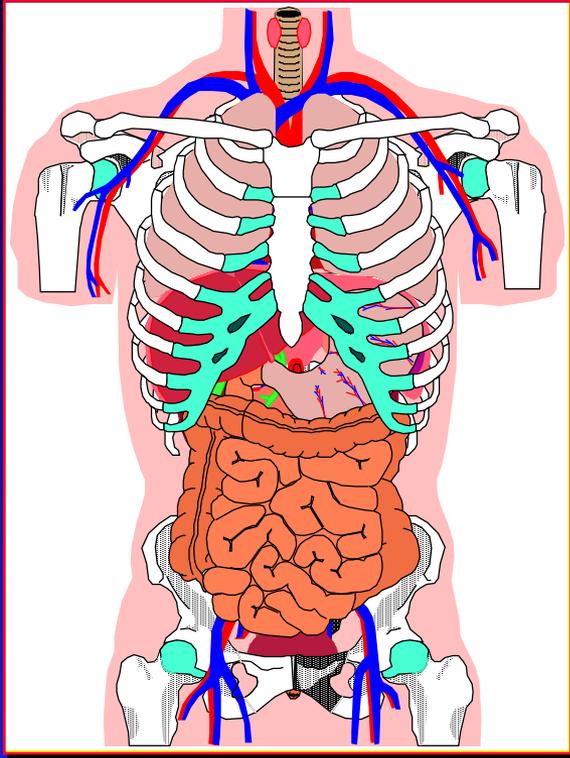
Equivalent Dose (organ)
(Sv, rem)

Effective Dose
(Sv, rem)

W_R

W_T





**Standards:
Equivalent Dose**



**Monitoring
Dose Equivalent**

Confusion!

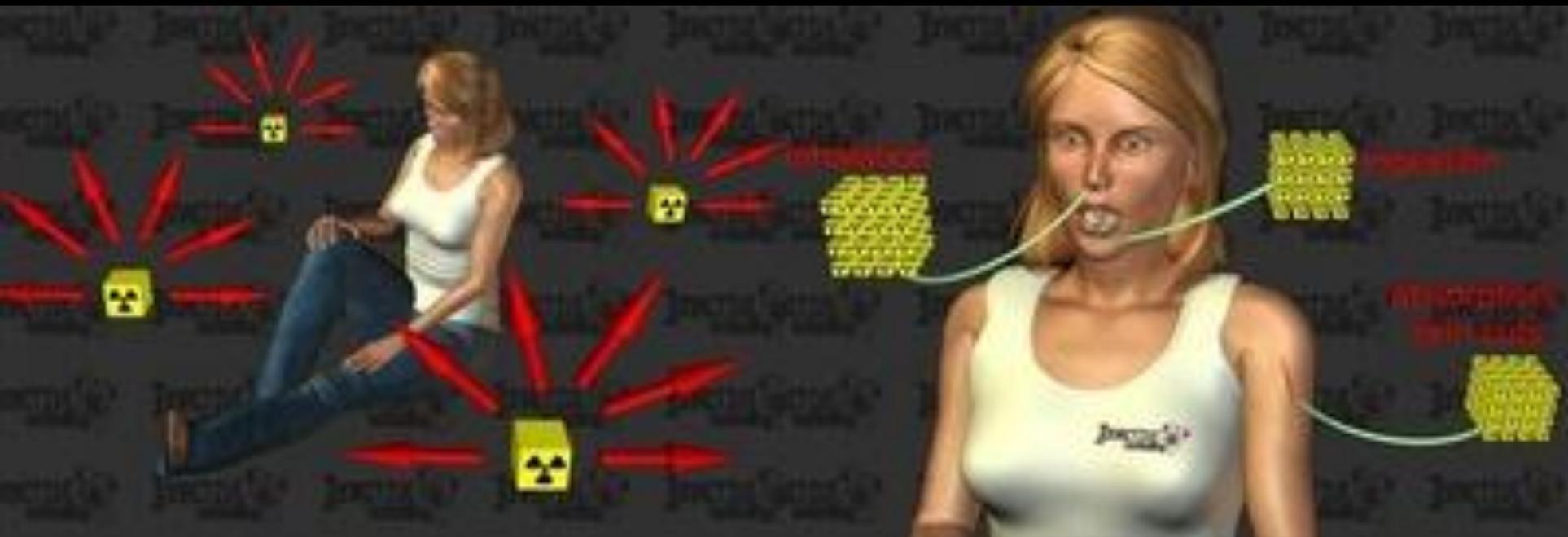
- The quantities ***equivalent dose*** and ***effective dose*** have a common unit, ***sievert***. (confusion in the reporting of thyroid doses).
- Further confusion between the use of the quantity ***equivalent dose*** (等価線量) for radiological protection purposes and the quantity ***dose equivalent*** (線量当量) for calibrating instruments.

4.

Issues on internal exposure

Concerns on internal exposure

- **The sophisticated system of protection for restricting internal exposure is misunderstood.**
- **Internal exposures are perceived as more dangerous than external exposures.**
- **This created a lot of anxiety among the people.**





United Nations Scientific Committee
on the Effects of Atomic Radiation

Fifty-ninth session
Vienna, 21 to 25 May 2012

Agenda item 4(e)
Technical discussions

BIOLOGICAL EFFECTS OF SELECTED INTERNAL EMITTERS

5.

Issues on Occupational Protection

Protection of rescuers and volunteers

- There is a lack of an *ad hoc* international protection systems applicable to ***rescuers and volunteers.***
- This complicates the regulation of the occupational doses of 'nuclear' workers.



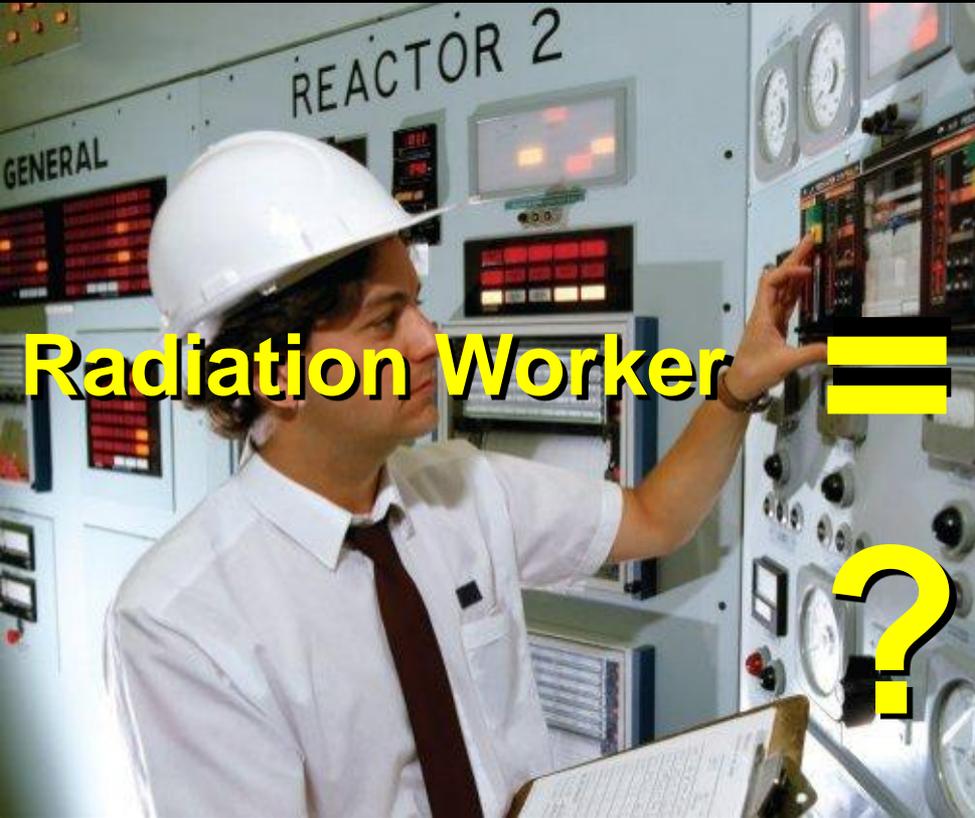
Radiation Worker

=

?



Rescuer



mSv in a year

1000

500

100

50

20

Occupational Dose Restrictions

Every effort not to exceed it

All reasonable efforts
not to exceed it

Annual dose limit

Average dose limit

Optimization
of
Protection



Protection of rescuers and volunteers

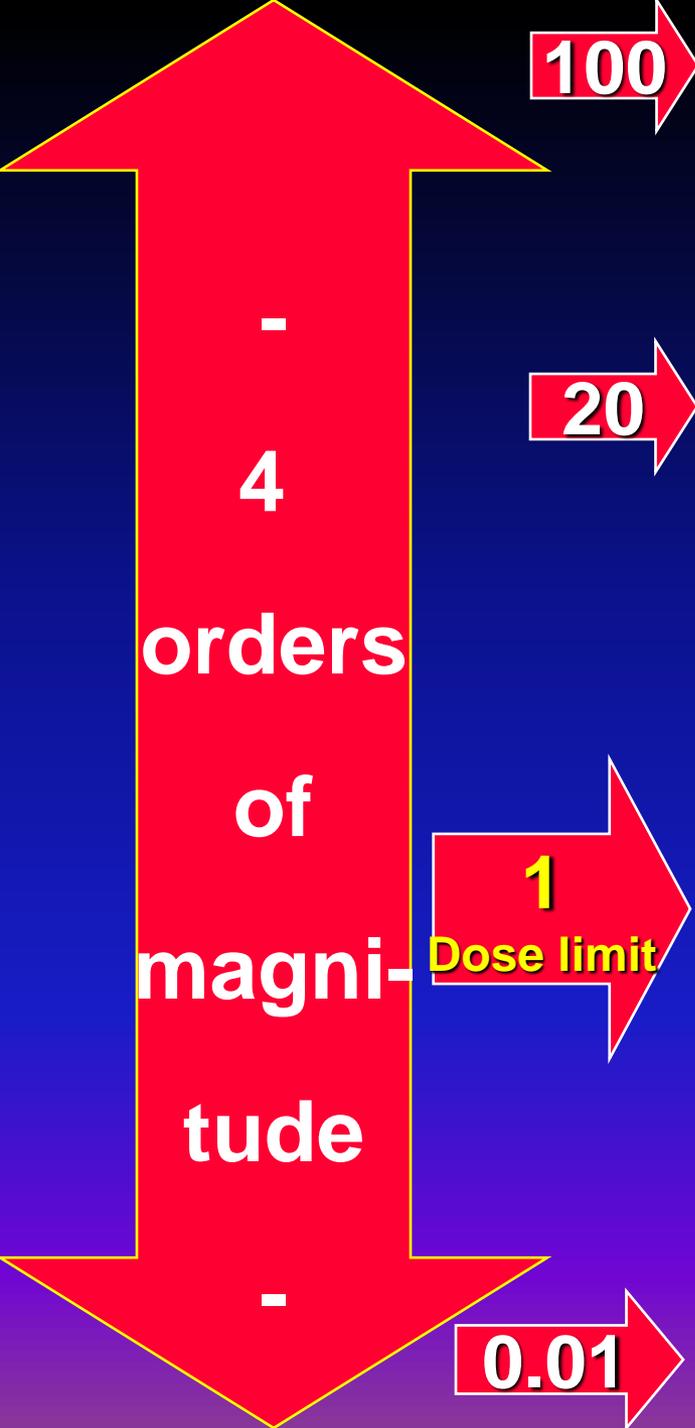
- The current occupational protection regime was conceived for **'normal'** workers working in **'normal situations'** and **'emergency situations'**
- It was not specifically envisaged for **'rescuers'**, in one extreme, and **'volunteers'**, in the other extreme.
- The issues is being resolved by the IAEA + ILO

6.

Issues on Public Protection

Level of Doses

- **The ICRP reference levels for the protection of the public were widely misunderstood by the public and their representatives and also by specialists.**
- **As a result the public felt unprotected.**



100

NO INDIVIDUAL/SOCIETAL BENEFIT ABOVE THIS

- Emergency workers
- Evacuation/relocation in emergencies
- High levels of existing controllable exposures
- Information, training, monitoring



20

DIRECT OR INDIRECT BENEFIT TO THE INDIVIDUAL

- Occupational exposure
- Sheltering, stable iodine, in emergencies
- Existing exposures such as radon
- Comforters and carers to patients
- Information, training, monitoring or assessment

1
Dose limit

SOCIETAL, BUT NO INDIVIDUAL DIRECT BENEFIT

- Normal situations
- No information or training,
- No individual dose assessment



0.01

Exclusion, exemption, clearance

➤ A typical question from the public is:

Why doses of 20 mSv per year are permitted after the accident, when doses greater than 1 mSv per year were unacceptable before the accident?

Lost in translation?

- The Japanese expression for **dose limit**, **線量限度**, is less ambiguous than its English version.
- **線量** means **dose**, used as an adjective, and
- **限度** means **bound, boundary, end, border, brim, edge, verge**, used as a substantive;
- Namely, **線量限度** means ***a boundary of dose that shall not be exceeded under no circumstance.***
- It is therefore unsurprising that the population was perplexed with the use of dose restrictions higher than the dose limits.

➤ If the dose limit is 1 mSv per year,

Why higher doses per year could be acceptable?

(Particularly after an accident when people expect to be better protected)

➤ Hans Blix's dictum:

“There is much confusion on the subject of the regulation of low doses, mainly but not exclusively on the part of the public; there are also very confusing statements on the topic among specialists.....people are surprised that what we term a dose limit is much lower than the natural background radiation doses that we unavoidably incur.....few decision makers understand...the... control [of] additions to background doses.”

Last key note address as IAEA DG – Seville; Nov.17, 1997

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- In addition, the terms used for the individual restrictions applied to dose (線量) are difficult in English and, unsurprisingly, unclear in Japanese.
- Sophisticated explanations are required for understanding the concepts of:
 - **dose limit, 線量限度;**
 - **dose constraint, 線量拘束値 ; and,**
 - **reference level, 参考レベル.**

Moreover, the type of dose is not apparent, both in English and in Japanese.

A **dose (線量)** can be:

- an **extant dose (現存線量)** in the habitat

[which is sometime termed **total dose (総線量)**],

or

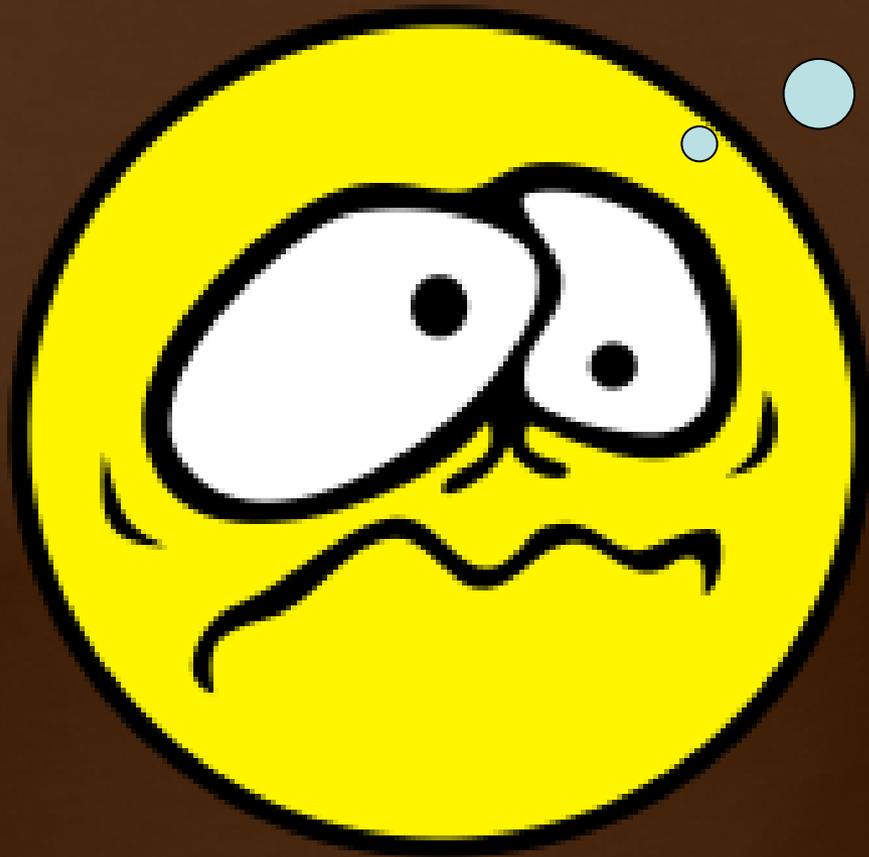
- an **additional dose (追加線量)** added by a given **source.**

In an emergency exposure situation, the dose to

deal with can be:

- **the projected dose (予測線量),**
- **the avertable dose (回避線量), or**
- **the residual dose (残存線量).**

Dose?
What
dose?



Are Children Properly Protected?

- **Parents do not believe that children are adequately protected by the radiation protection standards**





The protection of children from the consequences of the accident has been of particular concern in Japan

**Detriment-adjusted nominal risk coefficients
for stochastic effects after exposure to radiation at low dose rate
[% Sv⁻¹]**

Nominal Population	Cancer & leukæmia	Hereditable	Total
Whole	5.5	0.2	5.7
Adult	4.1	0.1	4.2





United Nations Scientific Committee
on the Effects of Atomic Radiation

Fifty-ninth session
Vienna, 21 to 25 May 2012

Agenda item 4(g)
Technical discussions

EFFECTS OF RADIATION EXPOSURE ON CHILDREN

Radiation, pregnancy and hereditary effects



Pregnancy

Should I
terminate my
pregnancy?

➤ The situation is responsible for great apprehension among pregnant women and probably for unnecessary terminations of pregnancies.



Importance of of clarifying effects on pregnancy

7.

Issues on Public Monitoring

Why members of the public are not monitored?



If it is done for them....



....why not for them

Absence of Environmental Monitoring Policy

- **There is a lack of updated international recommendations on environmental monitoring policy following a large accidental release of radioactive materials into the environment.**

RADIATION PROTECTION

*Principles of Environmental
Monitoring related to the Handling
of Radioactive Materials*

ICRP PUBLICATION 7

A Report by Committee 4 of the
International Commission on
Radiological Protection

Adopted by the Commission on September 13, 1965

PUBLISHED FOR
The International Commission on Radiological Protection
BY
PERGAMON PRESS
OXFORD * LONDON * EDINBURGH * NEW YORK
TORONTO * PARIS * BRAUNSCHWEIG

Principles of Monitoring for the Radiation Protection of the Population

ICRP Publication 43

Ann. ICRP 15 (1), 1985

Abstract - Since the publication of the previous report dealing with environmental monitoring the commission has revised its basic recommendations and some aspects of its philosophy dealing with dose limitation. Although many of the previous recommendations are still relevant it was felt necessary to reassess the general principles on which monitoring programs should be based, to make the recommendations consistent with current radiation protection philosophy and to extend the scope to all types of monitoring outside the workplace. In this report all exposures are considered except occupational exposure and exposure to patients from medical uses of radiation.

Recommended reference format for citations

ICRP, 1985, Principles of Monitoring for the Radiation Protection of the Population, ICRP Publication 43. Ann. ICRP 15 (1).

Annals of the ICRP

ICRP PUBLICATION

Principles of Monitoring for the Radiation Protection of the Population

1985



Pergamon

8.

Issues on '*Contamination*'

Mission impossible: Dealing with 'contamination'

- There are no clear quantitative standards to deal with “**contamination**”; e.g.:
 - remediation of the “contaminated” territories;
 - disposing of “contaminated” debris and rubble;
 - Use of “contaminated” consumer products.
- This is one of the more important issues to deal with in aftermath of Fukushima.

'Contamination' is a confusing term

- from Latin ***contaminare***, 'made impure'.
- Religious origin (e.g., no-kosher food)
- Professional denotation: **presence of radioactivity**
- Public connotation: **radioactive danger**

Translation to Japanese

Contamination → 汚染

- **汚 → Dirt, Filth**

汚さ → dirtiness

汚物 → filthiness

汚泥 → sludge

- **染 → Dyed**

汚染 → painted with dirt?

***The food is
'contaminated', but
do not worry the
'contamination' is
low?***



***'Contaminated'* Territories**

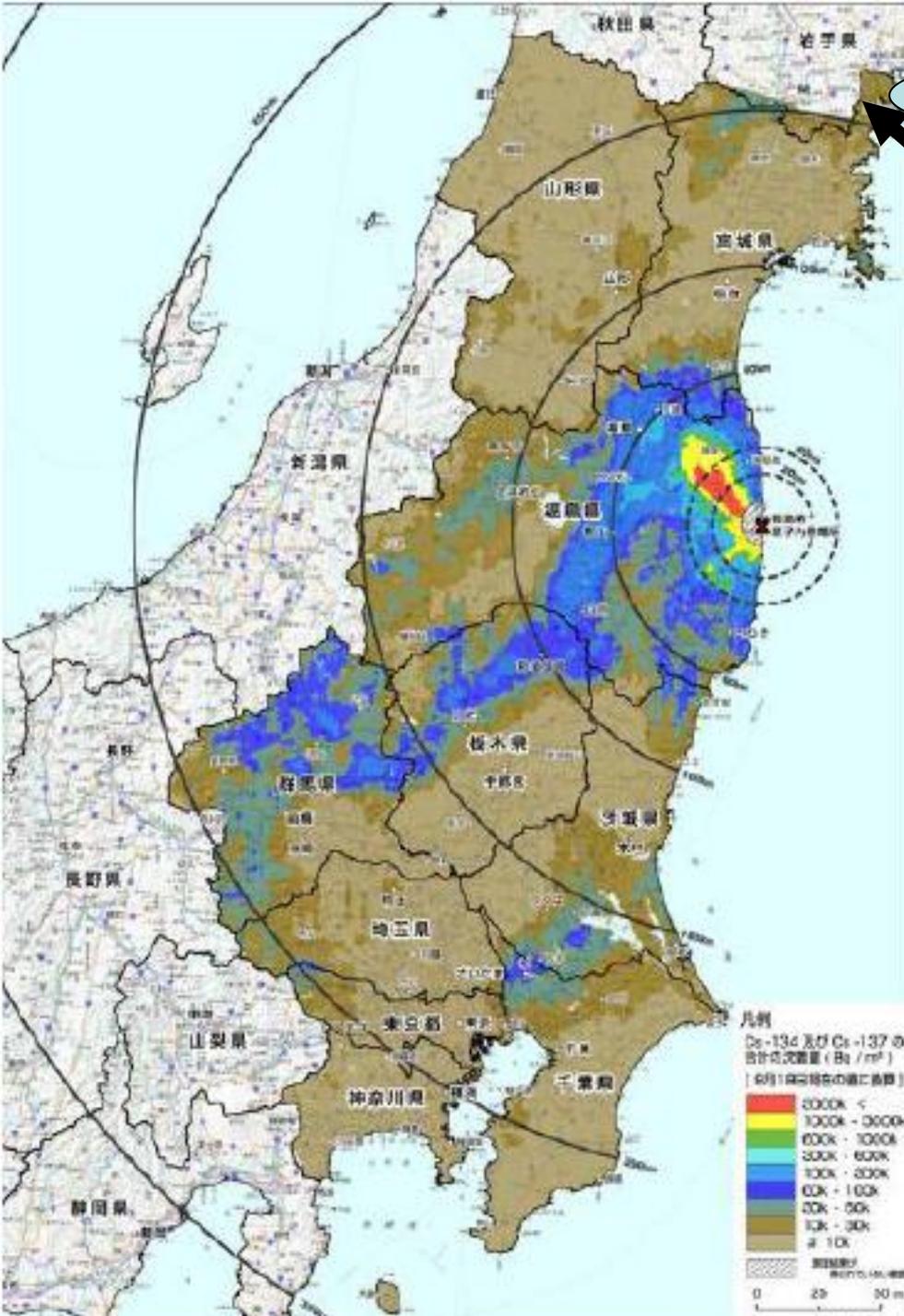
**What is the meaning of
'contaminated' territories?**

We are not in danger!

We are in danger!

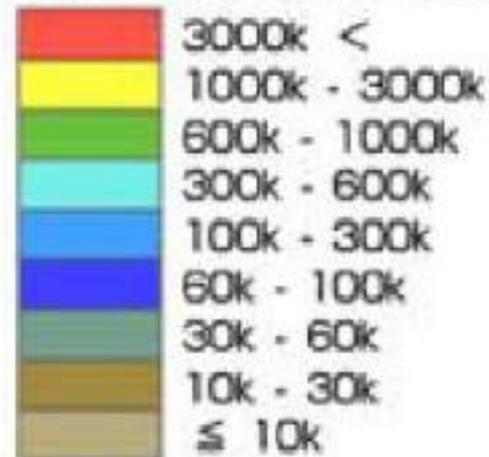


Am I in danger?

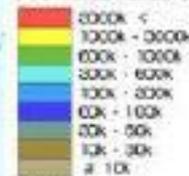


Cs-134 及び Cs-137 の
合計の沈着量 (Bq / m²)

[9月18日現在の値に換算]



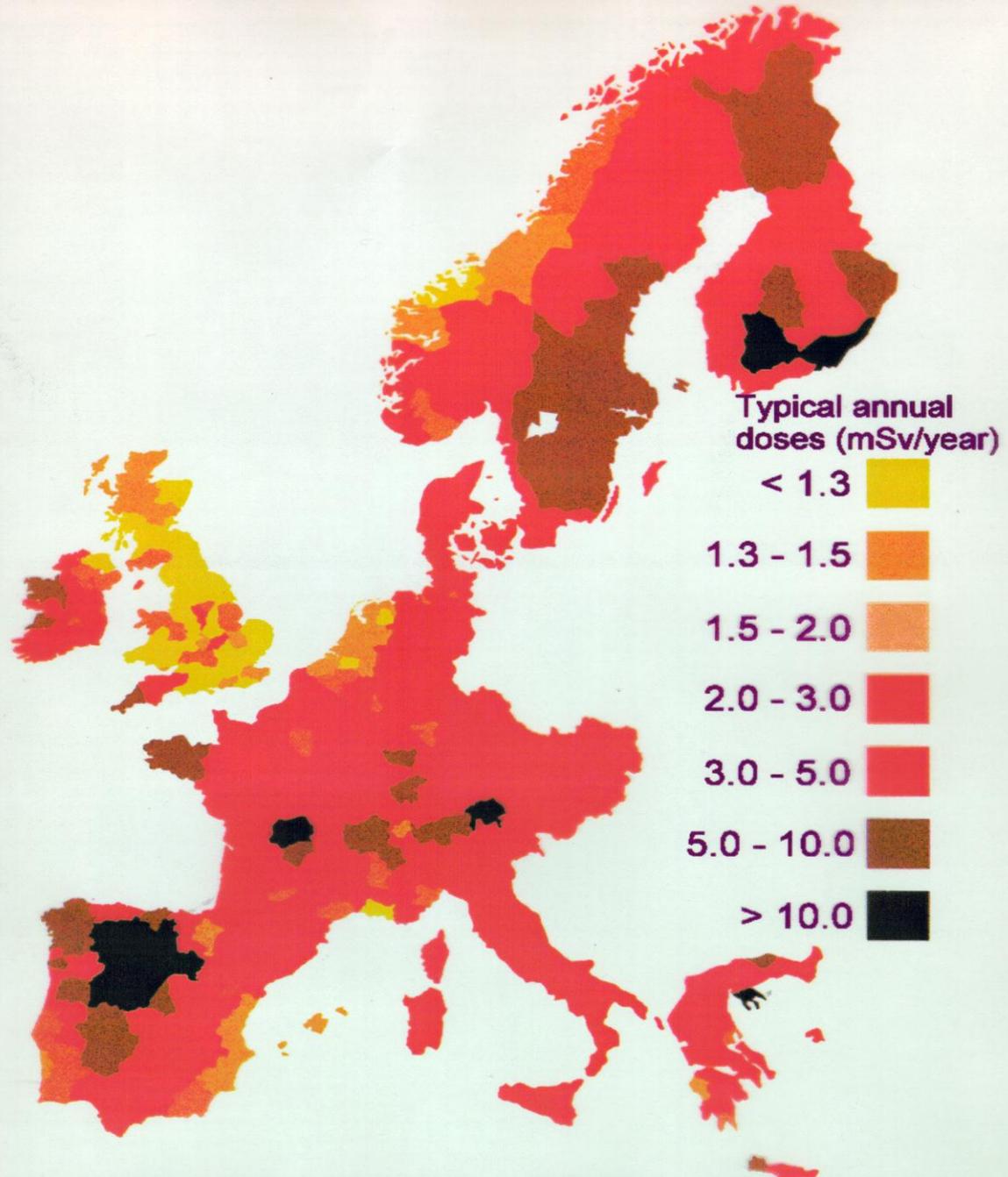
凡例
Cs-134 及び Cs-137 の
合計の沈着量 (Bq / m²)
[9月18日現在の値に換算]



0 20 30 km

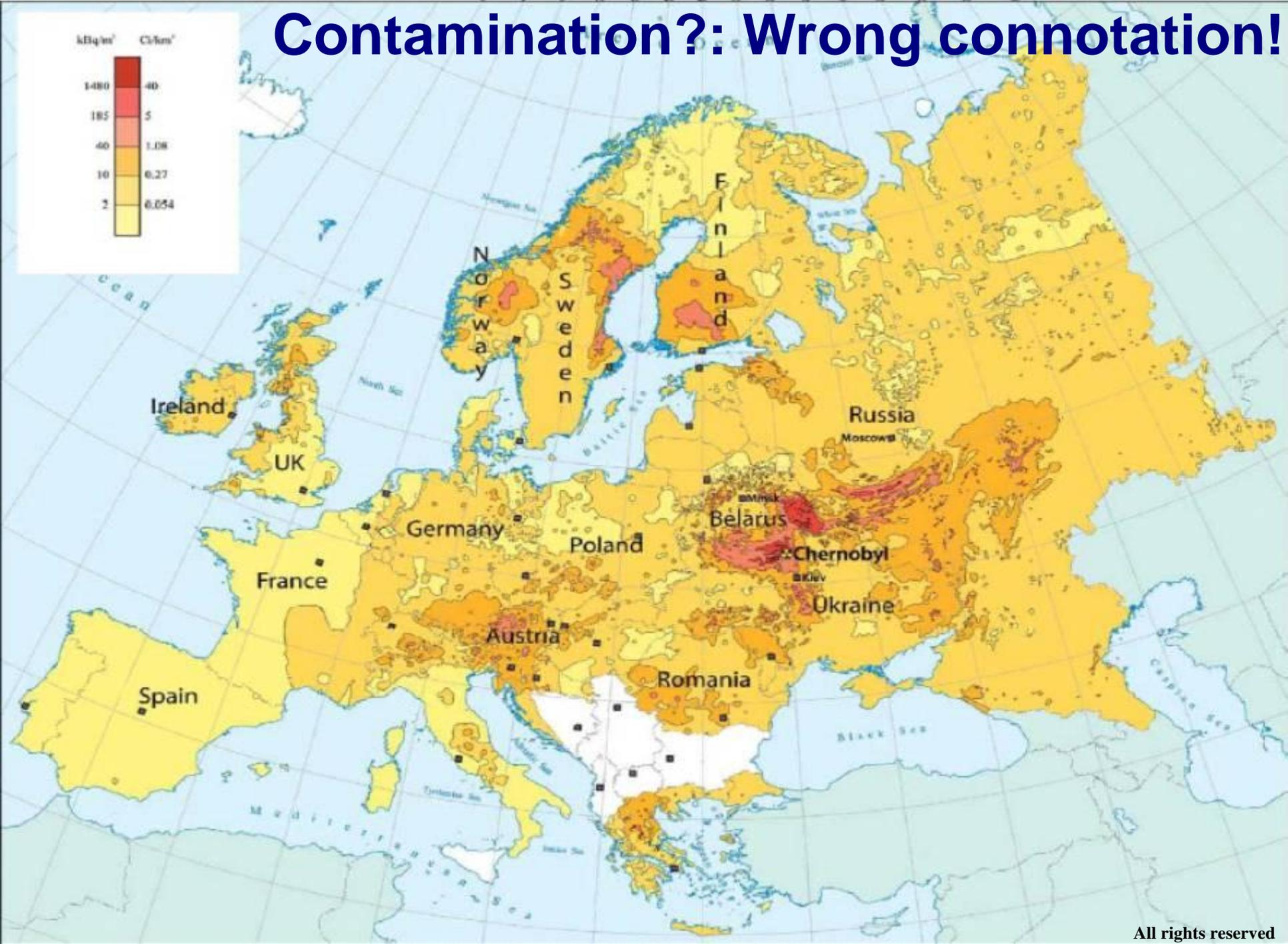
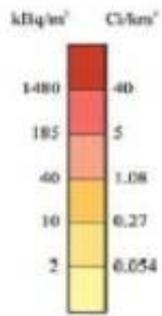


測定結果が
明らかでない地域



Natural background radiation exposure

Contamination?: Wrong connotation!



Natural Background

annual dose
mSv/year

Few people
In few areas \Rightarrow ~ 100

VERY HIGH

litate
Nemie,

Many people
In many areas \Rightarrow ~ 10

TYPICALLY HIGH

Katsurao,
Minami-Soma,
Naraha,
Iwaki

Majority of people
around the world \Rightarrow ~ 2.4

AVERAGE

~ 1

MINIMUM



*Is it safe for me
and my family
to live here?*

Can we
play on the
outdoor
area?



How to 'remediate' 'contaminated' territories

- **Exempting?**
- **Mixing the soil?**
- **Scraping?....and creating a lot of rubble?**

***'Contaminated'* Rubble**

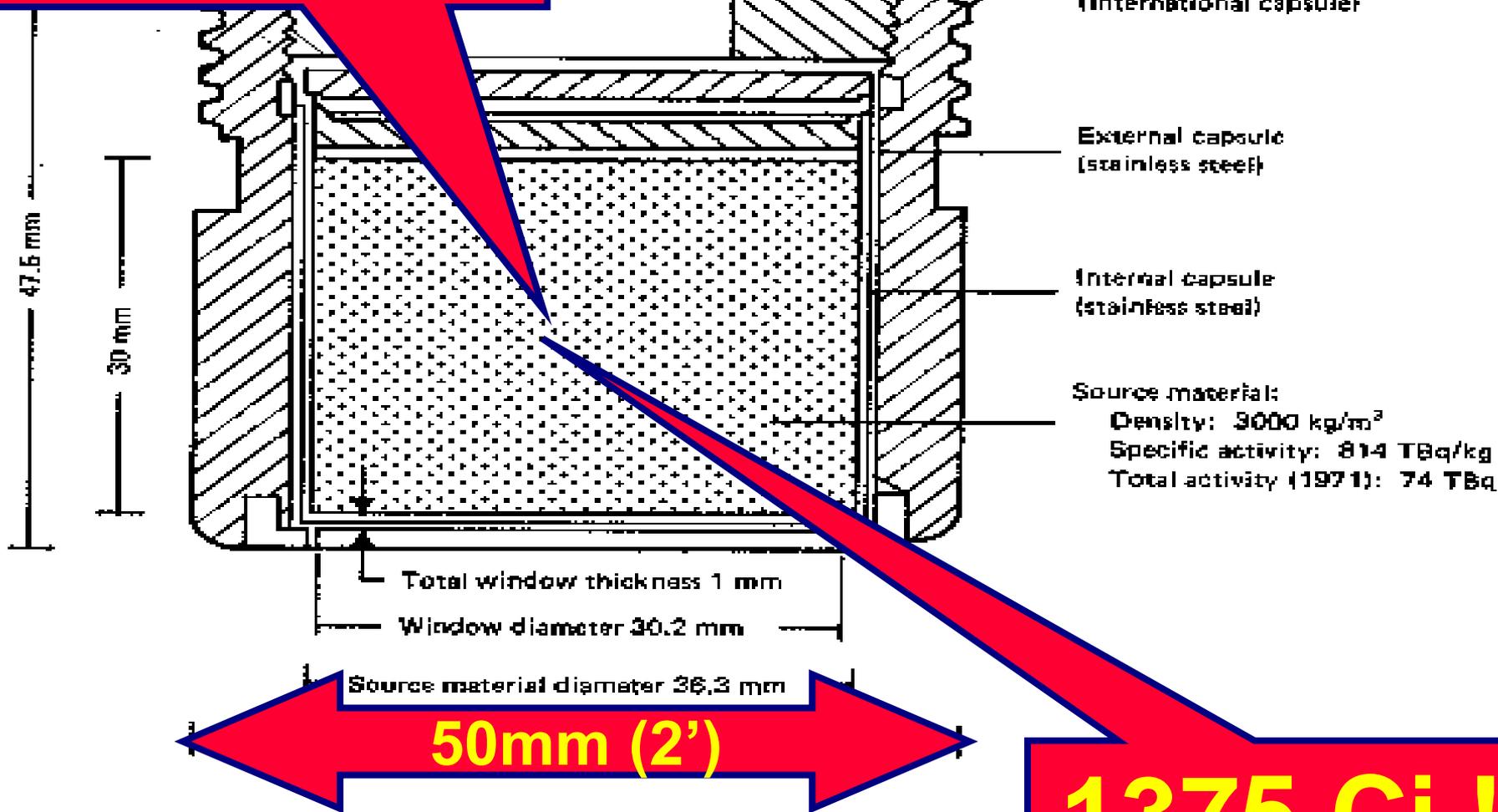
Example

The Radiological Accident in Goiânia



INTERNATIONAL ATOMIC ENERGY AGENCY, VIENNA, 1988

93 grams!
'talc powder'



1375 Ci !!



13. *Contaminated rubble from the demolition of R.A.'s house on 57th Street.*



22. *Stacking waste containers to be taken to the temporary storage site.*



27. Waste containers at the temporary storage site.



*What are
they going to
do with all
this?*

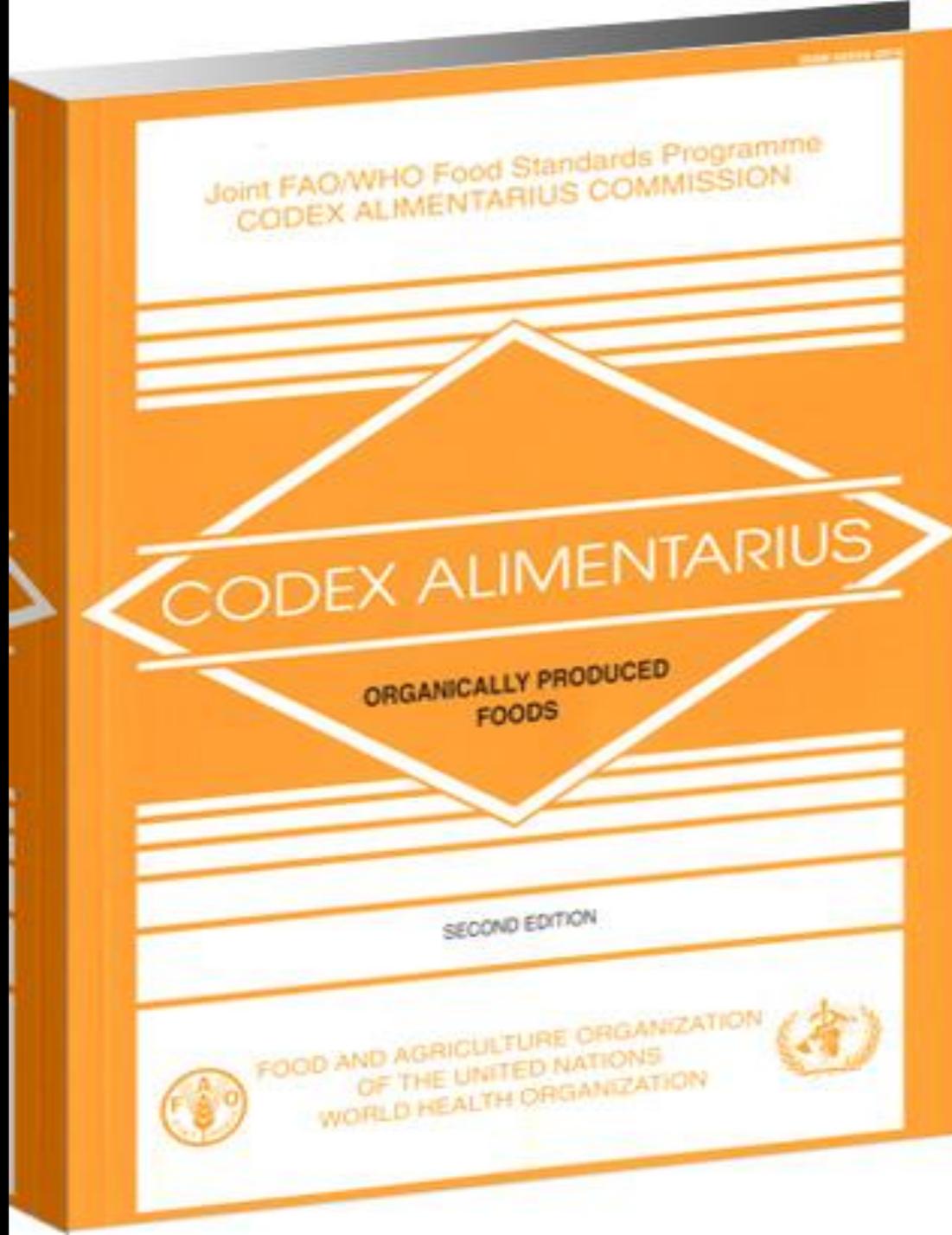




May I dump this waste in the truck or shall I phone the radioactive waste management group?

***'Contaminated'* Consumer Products**

- **The control of acceptable levels of radioactivity in consumer products is not straightforward**
- **Some international intergovernmental agreements exist but they are incoherent and inconsistent.**



Guidelines for Drinking-water Quality

FOURTH EDITION

IAEA
SAFETY
STANDARDS
SERIES

Application of the
Concepts of Exclusion,
Exemption and
Clearance

SAFETY GUIDE

No. RS-G-1.7

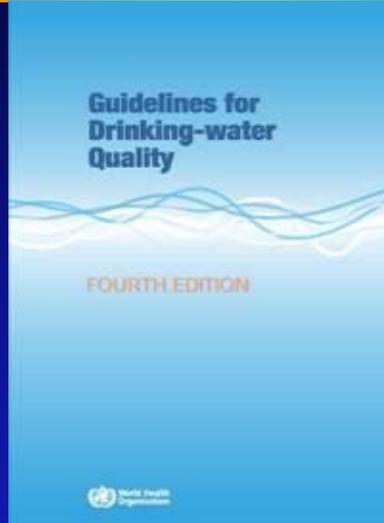


IAEA
International Atomic Energy Agency

Incoherence in drinking liquids



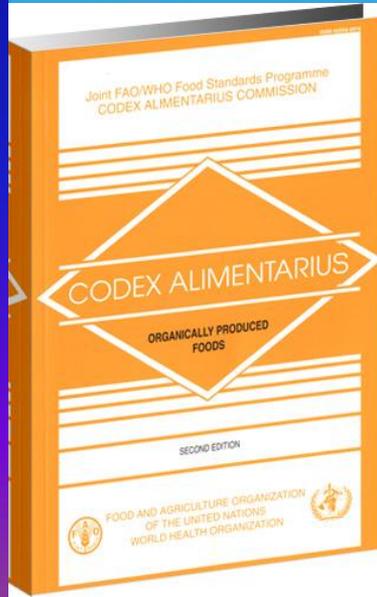
+



= 10 Bq/l for ^{137}Cs



+



= 1000 Bq/l for ^{137}Cs

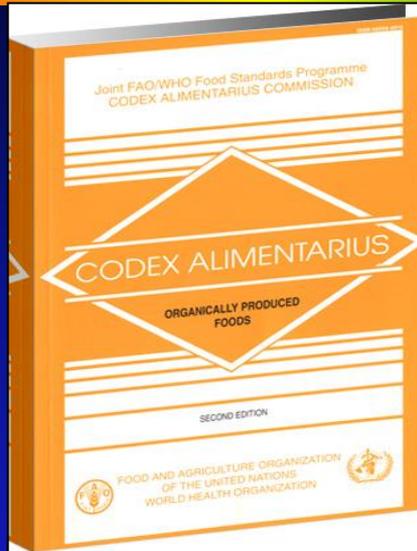


***If water is
not safe,
why is
orange
juice
safe?***

Incoherence in non-edible vs. edible



+



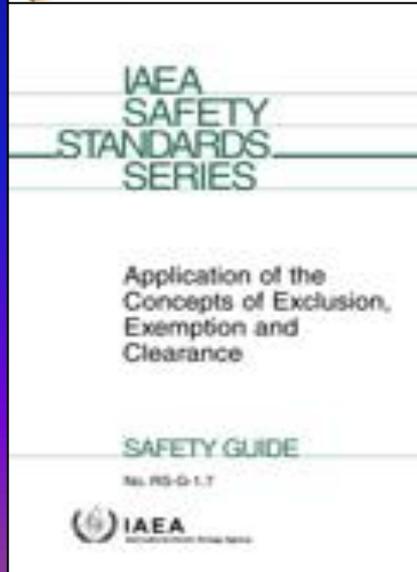
= 1000 Bq/kg for ^{137}Cs

<http://funini.com>

月宫殿 (日本)
Moon Palace Rice Paper (Made in Japan)



+



= 100 Bq/kg for ^{137}Cs



***Are these rice-
paper room-
divider
screens safe?***

Guidance values in Japan

Guideline values for food and drink intake restrictions

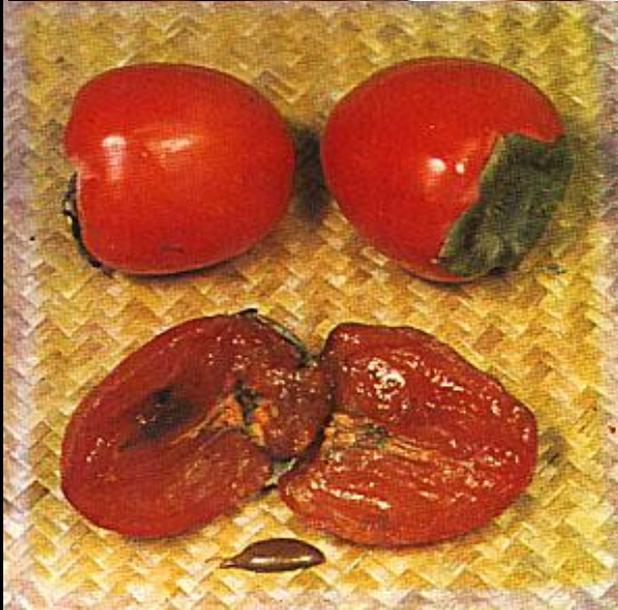
(Nuclear Safety Commission)

	Radioactive Iodine(¹³¹ I)	Radioactive Cesium	Uranium	Total of ²³⁸ Pu, ²³⁹ Pu, ²⁴⁰ Pu, ²⁴² Pu, ²⁴¹ Am, ²⁴² Cm, ²⁴³ Cm, ²⁴⁴ Cm
Drinking water				
Milk, dairy products	> 3x10 ² Bq/kg	> 2x10 ² Bq/kg	> 20Bq/kg	> 1Bq/kg
Vegetables and fruits	> 2x10 ³ Bq/kg (excluding root vegetables and potatoes)	> 5x10 ² Bq/kg	> 1x10 ² Bq/kg	> 10 Bq/kg
Grains				
Meat, Egg, Fish, etc	-			

New radiation limits in Japan

- On 22 December 2011 the Japanese government announced new limits for cesium in food.
(The new norms were enforced in April 2012).
- Rice, meat, vegetables, fish: **100 Bq/Kg** (500 Bq/Kg),
- Milk, milk-powder, infant-food: **50 Bq/Kg** (200 Bq/Kg)
- Drinking water: **10 Bq/Kg** (200 Bq/Kg)

**These
kakis
(persimmons)
contain 90
Bq/kg,
but when
dried they
contain
110;
are they
edible?**



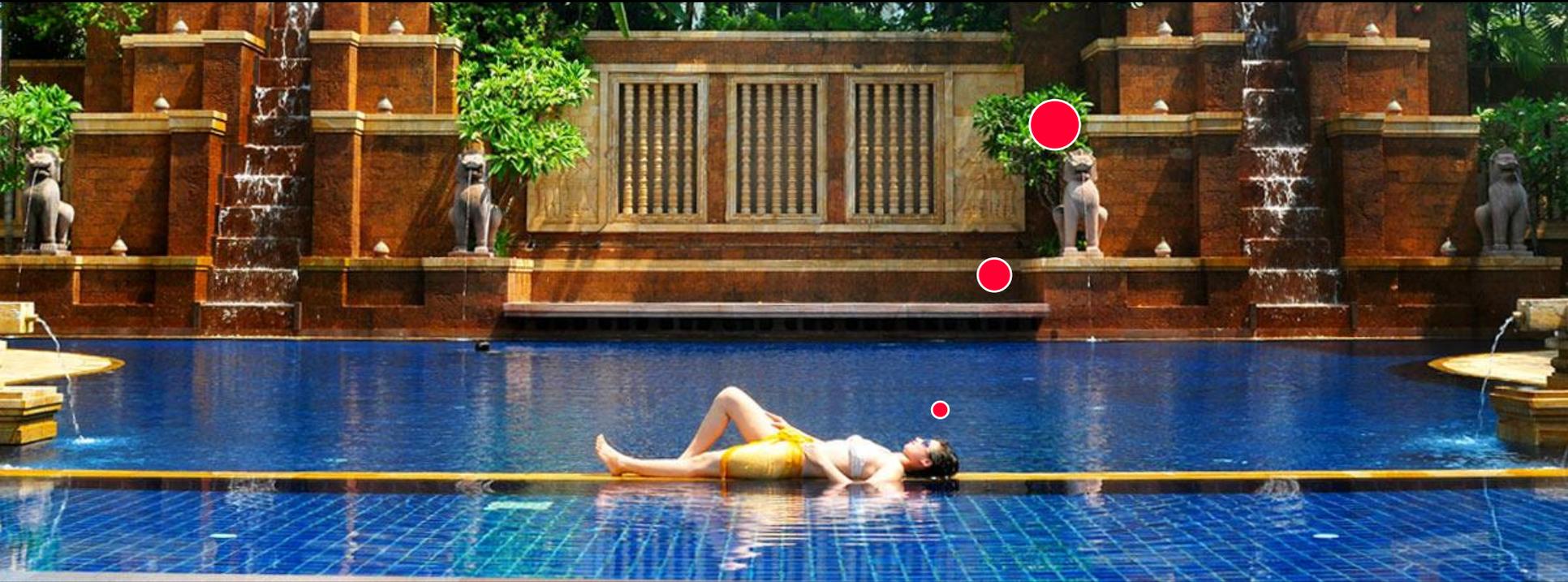
***Is it safe?
The Minister
does not drink
water from the
Fukushima
Prefecture
every day!***

***This water is
safe; I drank it!***

Deputy Minister Yasuhiro Sonoda



*Why I am
permitted to drink
this water but not
to swim in it?*



***We were told this water is contaminated;
shall we use it?***



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Want to save this for later? Add it to your Queue!

Radioactive Cesium in Meiji Milk Spurs Recall

Q

By Kanoko Matsuyama and Yuriy Humber - Dec 6, 2011 8:32 AM GMT-0300



“Meiji Step”

powdered milk formulated for babies older than nine months

Japón: encuentran un pez con 2500 veces el nivel legal de radiactividad

Fue hallado cerca de la central nuclear accidentada de Fukushima durante 2011 por un terremoto y posterior tsunami

TOKIO.- Un pez atrapado con la finalidad de realizar un control cerca de la central nuclear accidentada de Fukushima presenta un nivel impresionante de contaminación radioactiva, casi 2.500 veces superior al límite legal fijado por Japón, anunció el viernes el operador de esta instalación atómica.

La compañía Tokyo Electric Power (TEPCO) declaró que midió en un pez llamado "murasoi" una cantidad de cesio radioactivo igual a 254.000 becquerels por kilo, o sea 2.540 veces el límite de 100 becquerels/kg definida para los productos marinos por el gobierno.



Japan find a fish with 2500 times the legal level of radioactivity.

Deceit! - 詐欺!

- Highly 'contaminated' fish = 254,000 bequerel/kilo
- Even assuming that a 1 year old Japanese baby eats 1 kilogram! of THIS fish!!.....
- ...such a fish-greedy baby would have ingested 254,000 bequerels of ^{137}Cs and, as a result, would have committed a dose of

$$250,000\text{Bq} \times 2.1 \cdot 10^{-8} \text{ Sv Bq}^{-1} = \underline{0.5 \text{ mSv}} \text{ over 70 years}$$

...namely, the same dose that the baby would incur, in one go, if the parents travel with him by plane to Argentina to visit a relative!

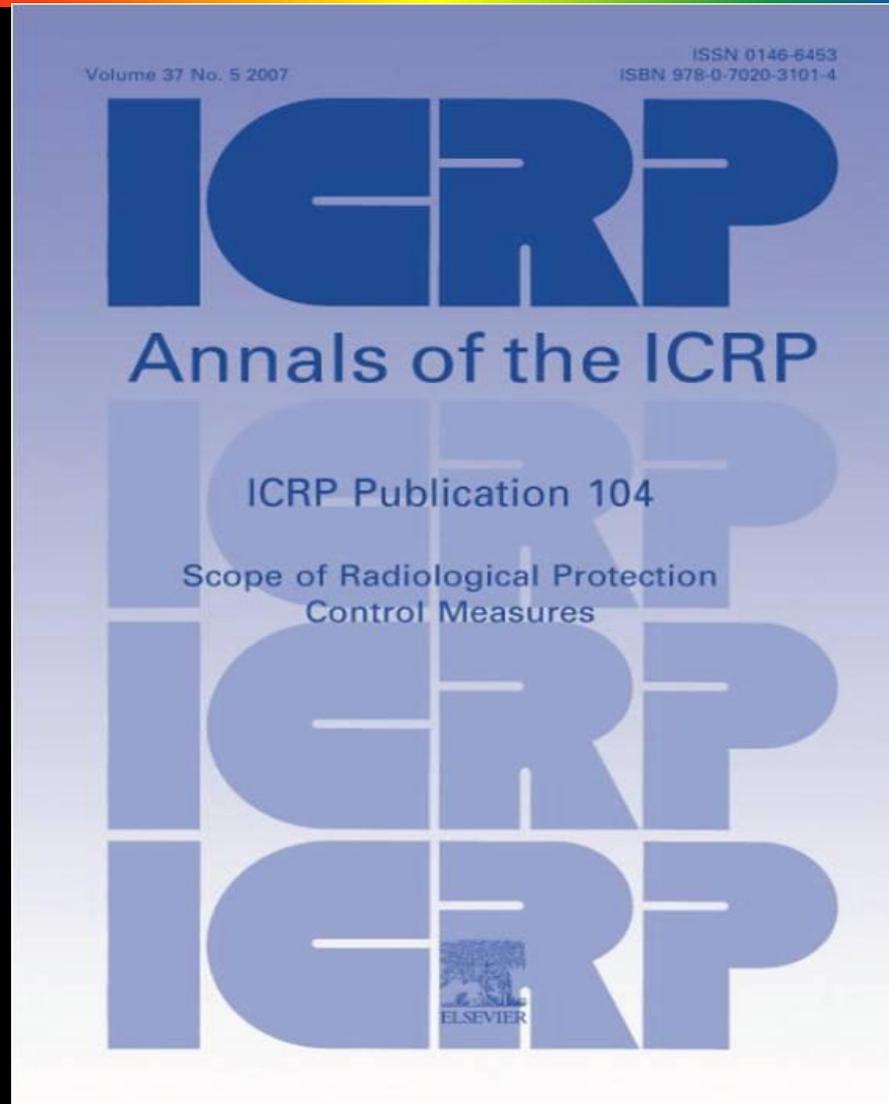


*Is it safe for
me and my
family to eat
this food?*

*I seems that
even climbing
this mountain
will not solve
the problem of
'contamination'
?*



ICRP 104 may be helpful



9.

Issues on Psychological Effects

Probably the big lesson of Fukushima

- The confusing situation created by the ‘contamination’ of the habitat is responsible of the **only serious health effect attributable to Fukushima:**

psychological effects!

- **Psychological effects are dominant in the Fukushima aftermath.**
- **They are health effects in their own right**
- **However, they are ignored in radiation protection recommendations and standards**

Japan's Reconstruction Agency

- A recently published report by Japan's Reconstruction Agency(*) indicates that stress has emerged as the biggest factors in ill health for Japanese people.

(*) Committee on earthquake-related death (震災関連死に関する検討会) of the Japan's Reconstruction

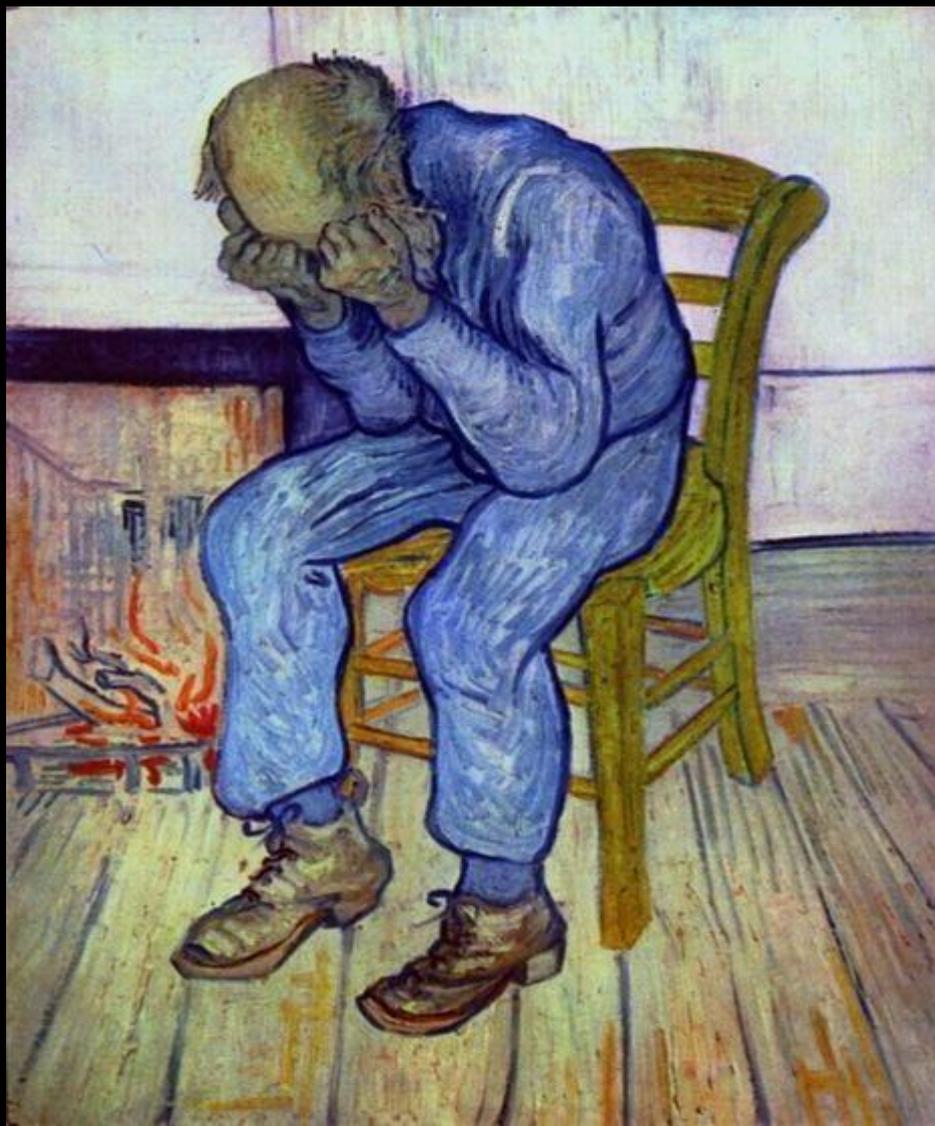
Agency (復興庁). *Report on the earthquake-related death in the Great East Japan Earthquake*

(available only in Japanese) (東日本大震災における震災関連死に関する報告). August 24, 2012 (平成24年8

月21日)

The psychological aftermath of Fukushima

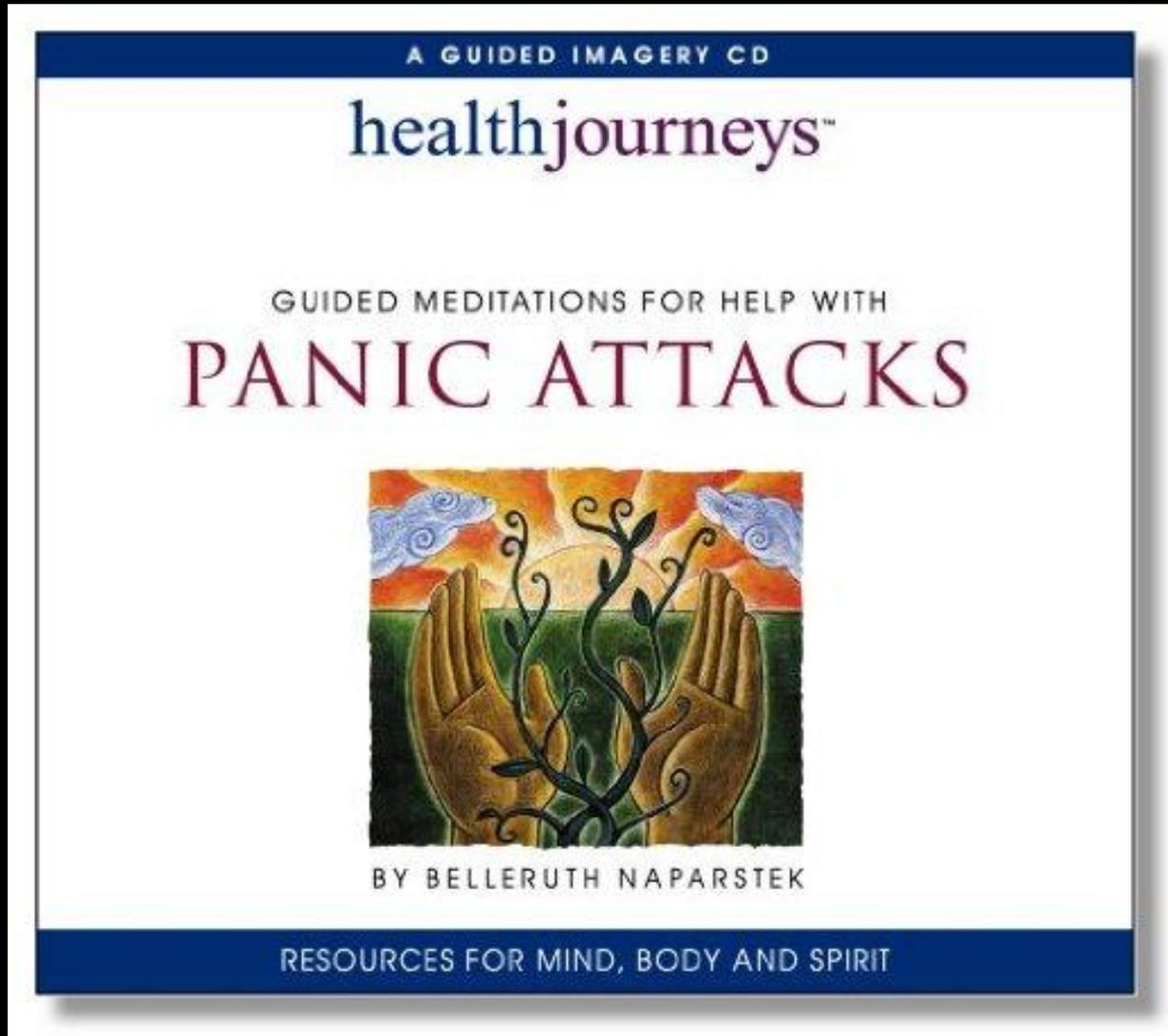
Depression



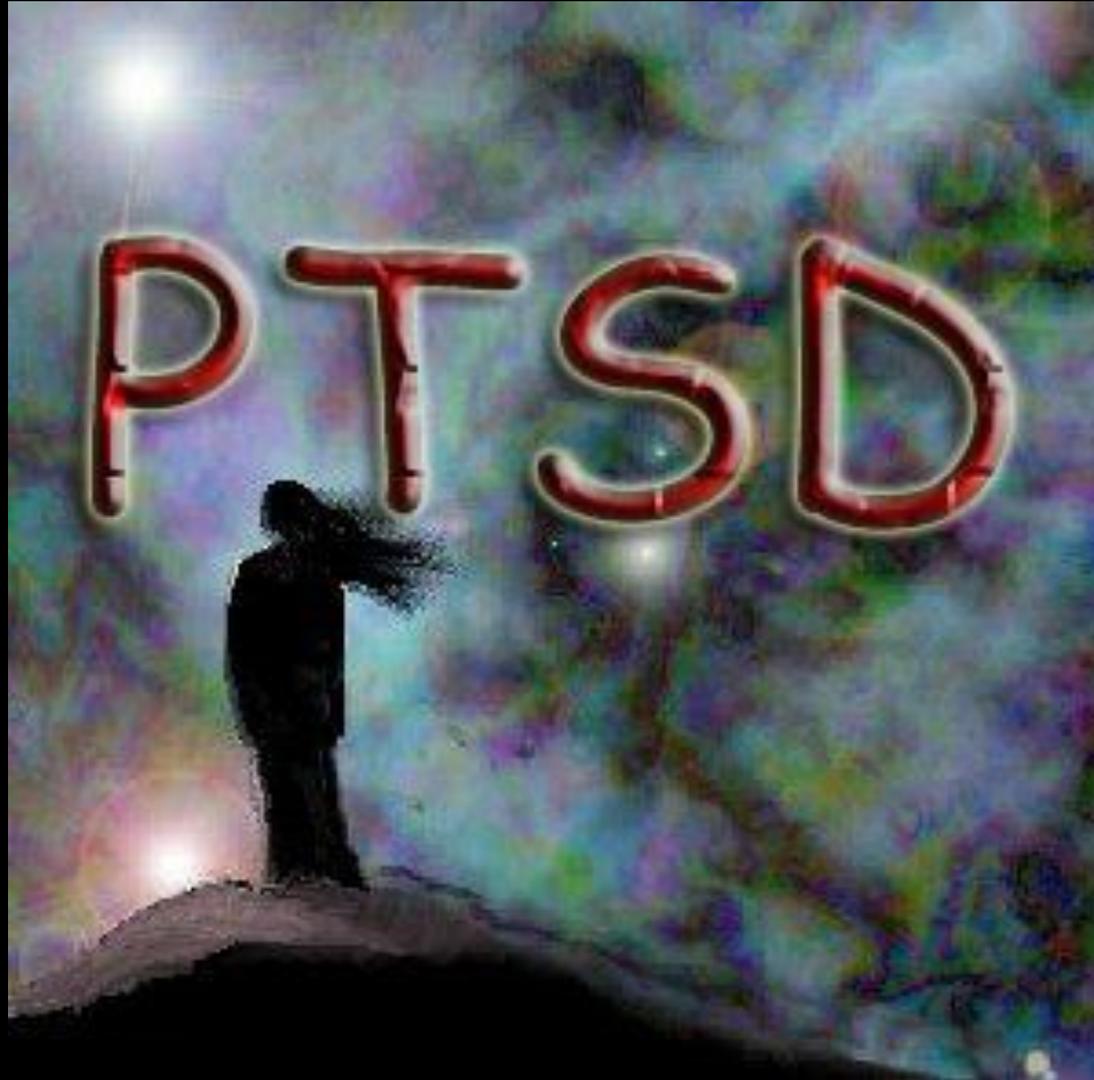
Grieving



Chronic anxiety



Post-traumatic Stress Disorder



Insomnia



Severe headaches



Smoking and alcoholism



Anger



Desperation



Parents' Anguish



Stigma



Stigma

Stigma

A mark of disgrace associated with being associated with '*contamination*'

- 汚名 : Polluted name
- 烙印 : Mark
- 恥 : Shame
- 不名譽 : Dishonour
- 不面目 : Humiliation
- 差別 : Discrimination



HEALTH
FEARS

10.

Issues on Communication

We should humbly recognize our failures in communication

- **Public communication of radiation protection policy after an accident is still an unsolved problem.**



A number of lessons have been reconfirmed on various issues:

- 1. The relevant role of the media in a serious accident.**
- 2. The importance of sharing information regularly.**
- 3. The significance of social networking.**
- 4. The value of involving non-radiation experts.**
- 5. The impact of sharing information with the medical profession and, fundamentally, with teachers.**

Epilogue

1. Many issues have arisen from the Fukushima accident experience.

2. We have the ethical duty of:

- learning from these issues and
- resolving their challenges.

Before any another large accident occurs...

...we ought to ensure that:

- risk coefficients be properly interpreted;
- health effects be not attributed to low exposures;
- confusion on quantities and units be clarified;
- the hazard of internal exposure be elucidated;
- rescuers and volunteers be protected with an *ad hoc* system;
- the protection level of the public and children be apparent;
- comprehensible policies on public monitoring be available;
- the issue of what is 'contamination', and what is not, be resolved;
- the psychological problems caused by radiation be faced;
- radiation protection communication be improved.

Av. del Libertador 8250
Buenos Aires
Argentina



+541163231758

Thank you!

有難うございます!

agonzalez@arn.gob.ar

