

Comments for Joint Dosimetry and Information
Meeting - NVOO - 4 June 1977
(Presented by Lt. Col. Edward Still, AFRRI)

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Background: During the atmospheric testing program with nuclear weapons, there was extensive participation by military personnel. The participation involved many aspects including support functions, conduct of experiments and some independent military operations and maneuvers. Participation took place both at the Nevada Test Site and in the Pacific Testing Areas. Now, there have been, and continue to be, many inquiries from various sources regarding the radiation exposure that the men may have received and what, if any relationship, such exposure may have with current medical conditions of some of the participants.

In particular, it appears that there is a significant increase in the expected leukemia incidence among a group who participated in the Smoky event. Apparently this was brought to light with, and the intense interest in this shot developed as a result of, the Sgt. Cooper case. Sgt. Cooper participated in Smoky, is presently confirmed as having leukemia, was denied and later awarded his claim to the Veterans Administration, and has been the subject of numerous media articles. Subsequently, a Dr. Glyn G. Caldwell of the center for Disease Control, Public Health Service, Atlanta, reviewed his case and through a series of events, became known throughout the country as the person to contact about Smoky.

At this time, he has received either directly or indirectly the names of some 60 men who participated in Smoky, of which there are three confirmed leukemia cases, two additional diagnosed leukemia cases, two bone cancer cases and a couple of cases of skin cancer. He has asked the Defense Department for a listing of all military personnel who took part in the test, their exposure history, unit of assignment, activities that were done at the event, i.e., scenario, fallout and environmental radiation levels, and other pertinent information. This will be used by him in conducting a retrospective epidemiological study with the objective of confirming or negating a cause - effect relationship between the medical sequelae and the radiation exposure.

In addition to this request of Dr. Caldwell for the Smoky data, there have been inquiries from personnel covering the period beginning at Tinian Island through the completion of the atmospheric test program. In attempting to respond to these inquiries, it was clear that significant problems existed.

Problem: The current knowledge and records within the DoD regarding personnel exposures and procedures during the period of atmospheric testing is incomplete. There is not (apparently) a central depository listing participants and their exposure; further, there may not be localized listings within the services that have such data. It is clear also that the DoD, DNA, ERDA and service policies and interrelationships in this area are vague and uncoordinated and in some cases, unresponsive to current needs. From this overall appraisal, a list of

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specific questions and areas requiring action can be derived.

a. What information is currently available from what sources? Does ERDA/NV00 have the most complete files; what sources have already been searched?

b. What additional information can be found and at what cost? What is the extent and completeness of service files and records; to what degree have service records been searched?

c. What standards for exposures and what safety procedures were followed during the testing? Who managed or was responsible for the monitoring and safety aspects?

d. Who can best retrieve the old records? What format should be established for data processing? What will it cost in dollars and manpower? How extensive, i.e., what period(s) should be covered.

e. What organization should serve as the repository for the records? Who will respond to inquiries concerning same? How are requests for information to be handled and coordinated? If no record is available for an individual, what action will be taken?

f. What DoD - ERDA - DNA or service policies should be established to address this problem? What agreements and assignments of responsibilities should be made.

g. What should be done with the data once the records are accumulated? Should an attempt be made to group the exposures into categories? Should there be follow-up medical exams for various categories; if so, by whom? What can be made of such an effort? Should non-military personnel be followed?

h. Who should make the determination that follow-up be done? What is the implication of such an effort viz workmen's compensation, occupational standards, etc?

The above is no doubt an incomplete listing of concerns and questions about this issue. However, it represents some initial concerns that require attention and the formulation of approaches for solution. Overall, this has the potential for being a significant problem for the DoD, and by association, other agencies and has to be handled in a candid and thorough manner.