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F. L. Shipman, Health Division Leader

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T. N. White, H-6

Health Division Participation in Rad Safe Work at Future Nuclear Field Tests

SYMBOL: H-6

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1. This memo was prepared in an effort to clarify my own thinking about what participation we should undertake in future tests. It is assumed that rad-safe management will be lodged in military personnel, but that the SFOO, and indirectly the LASL, will continue to carry a sizeable responsibility for rad safety, largely on account of Al Graves' position in the various test organizations. In the interest of best service at Los Alamos, it is assumed that participation should be held to the minimum consistent with adequate aid to Al Graves in phases of rad-safe work in which he cannot obtain full support from other sources.
2. There appears to be one phase of rad-safe work in which the Health Division is probably the only existing organization that is able at present to provide adequate support. This phase is the maintenance of a continuity of interest, information and experience in rad-safe planning and operations, residing in the same individuals who are readily available at Los Alamos. If the Health Division continues to participate in a suitable way, it should be able to serve usefully by reviewing plans beforehand and by providing seasoned advisory personnel during operations.
3. A second type of work, of a specialized technical character, (e.g. fall-out monitoring, tritium monitoring) could probably be done adequately by other organizations (e.g. USPHS, other AEC Installations), but probably not completely by the military. Although it may be both necessary and advisable to obtain assistance outside LASL for part of this work, there are obvious advantages to be gained by having this work at least guided by Health Division personnel.

Before considering the organizational position of Health Division participation, I would like to consider further the problem of continuity. Generally speaking, I think that the military have not placed enough emphasis on the value of prior experience in rad-safe units. It appears to me that it is a consequence of good fortune rather than of DOD policy that a few valuable individuals (e.g. General Cooney, Lt. Colonel McDonnell, Major Payne Harris - - - -) were available for as long as they have been. Below top level, the contrast in prior experience between the Greenhouse and the Windstorm Rad-Safe Units was rather disturbing. It appears that the DOD regards the rad-safe operation as a training exercise requiring a very few individuals with prior experience to ensure a satisfactory operation.

This poor continuity has two bad consequences, the first and most obvious of which I will mention in this paragraph. It places an excessively heavy load of work and responsibility on the few experienced individuals who are so unfortunate as to have the finger put on them. In any test in which there is participation by LASL personnel, it appears to me that the Health Division is morally obligated to help carry this load, insofar as it can, regardless of the Division's formal responsibility as shown on the test organization chart.

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The greater the degree of our formal participation, the greater the lead, and the greater the risk of criticism in case of injury or bungle, even though the basic fault may be lack of continuity in the military organization. I therefore urge that the LASL should do what it can to press the DOD for more continuity in rad-safe units.

6. The second bad consequence arises partly from lack of continuity, and partly from a complacent notion that we know all the main rad-safe requirements of an operation. Perhaps after the fall-out jolt at Greenhouse, and with the prospect of Ivy ahead, we are not as complacent as I suspect. However the present situation may be, I think that there will always be a strong tendency for the DOD to regard the rad-safe operation as a standardized operation in which it is necessary only to repeat that which was done before. It is perhaps only reasonable that the DOD should look to the LASL rather than to itself to foresee the unexpected. To do this requires that a few individuals should have some time for foolish speculations. Whether the Health Division can act as an effective soothsayer I do not know. I am sure that it can not do this if all its spare rad-safe effort is devoted to compensating for deficiency in continuity of experience in the military rad-safe organization.
7. If the preceding views are accepted, they would appear to lead to the following requirements for Health Division participation.
  - a. Advisory, preferably not as a formal part of the rad-safe organizational unit, on account of the difficulties outlined in paragraph 5. This participation might be by one (or more depending on the nature of the test) Health Division representative who might be designated as an observer, or as an advisor at a suitably high level above the rad-safe command.
  - b. General working participation in the rad-safe unit, preferably below the command levels in the unit. The primary purpose of this participation would be to obtain detailed knowledge of the functioning of the rad-safe unit which is not generally accessible to a non-working observer or to an advisor. This kind of participation would be more important in new kinds of tests, or in those in which some unusual factor is involved.
  - c. Specialized technical participation (e.g. fall-out or tritium monitoring) in a particular phase of the rad-safe units operations. This participation might be at a command level within the unit, if this seemed desirable for technical reasons, provided that responsibilities were adequately defined in advance.
8. Perhaps 7a and 7b (and possibly even 7c) might be combined in the notion of "volunteer working observers" if this were acceptable to the rad-safe CO. 2c

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However, in the present state of affairs I am strongly in favor of avoiding, insofar as possible, acceptance by Health Division personnel of responsibility for proper functioning of any important part of the rad-safe unit.

- 9. In closing, I would express the opinion that, even under the best possible policy, I do not think that the DOD can be expected to provide more than the minimum continuity that is needed for repetition of a standardized rad-safe operation. I think that anything more that is required must come from the Health Division.

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cc: T. L. Shipman (2)   
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