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Linear No-Threshold Model and Standards for Protection Against Radiation

Comment On: NRC-2015-0057-0010

Linear No-Threshold Model and Standards for Protection Against Radiation; Notice of Docketing and Request for Comment

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General Comment

I am not in agreement with the statements of: PRM-20-28, PRM-20-29, and PRM-20-30. Please reject any changes to the Linear-No Threshold (LNT) Model unless significant and specific evidence warrants a change. Carol S. Marcus has submitted a single reference. Mark L. Miller and Mohan Doss do not appear to have substantiated the claims but they all do appear to be of the same authorship without citation to the ghost author. So where does one go to find the "vast literature," which supports changes to the LNT?

In the continuing disaster at Fukushima Daiichi Nuclear Power Plant (FDNPP) the regulatory response within the United States has been to raise radiation safety limits for: food, water, and soil. The disharmony of safety limits created an arbitrage opportunity such that food unsafe for Japanese consumers may be legally sold and consumed in the United States. I propose that this equivocally-safe food be labeled as such so that consumers such as Drs. Miller, Doss and Marcus may be able to find hermetic belief-benefit from consuming this food. The next step in pretending that the FDNPP disaster is behind us to abandon the LNT?

In 2012 the British Medical Journal found a dose-response to children and adolescents receiving CT in Australia. Australia has a high number of CT scanners per capita. The researchers found an excess of cancers following an average CT dose of 4.5 mSv in childhood and adolescence.
https://www.researchgate.net/publication/236928836_Cancer_risk_in_680_000_people_exposed_to_computed_tomography_scans_in_childhood_or_adolescence_data

Radiation is found to have dose-response teratogenicity and is linked with low birth weight here:
https://www.researchgate.net/publication/7817467_Ionizing_radiations_in_pregnancy_and_teratogenesis_A_review_of_literature

Radiograph in women with scoliosis is linked with low birth weight here:
https://www.researchgate.net/publication/13701502_Adverse_Reproductive_Outcomes_among_Women_Exposed_to_Low_Levels_of_Ionizing_Radiation_from_Diagnostic_Radiography

Dose-response of Cesium 137 was again found in Germany post Chernobyl here:
https://www.researchgate.net/publication/237102894_Congenital_Malformation_and_Stillbirth_in_Germany_and_Europe_Before_and_After_the_Chernobyl_Nuclear_Disaster

The findings above are again repeated in other countries post Chernobyl:
https://www.researchgate.net/publication/254371839_Epidemiology_of_birth_defects_perinatal_mortality_and_thyroid_cancer_before_and_after_the_Chernobyl_catastrophe

Other than cancer morbidity and mortality post Chernobyl are reported here:
https://www.researchgate.net/publication/40679962_5_Nonmalignant_diseases_after_the_Chernobyl_catastrophe

If one were to expect the hormesis-model to hold up one would expect to see rather healthy cigarette smokers or other tobacco users. Of course, we do not find this smoking is linked to very clear premature dose-response risk of cancers, death and premature aging. Smoking is known to aerosolize radon progeny which rapidly overwhelms human REDOX systems. This does not up regulate REDOX.

Radiation hormesis is unproven and the proposing authors have not provided proof of benefit. I have, however, been able to validate my view that radiation has dose-response harm even at low levels.

thank you very much for your consideration.
best,

Andy Bunn RN