FOR IMMEDIATE RELEASE

Report Calls for Scientific Approach to Radiation Exposure Compensation Act

WASHINGTON -- Congress should establish new scientific criteria for decisions about awarding federal compensation to people who developed certain cancers or other specific diseases as a result of exposure to radioactive fallout from U.S. nuclear weapons tests, says a new report from the National Academies' National Research Council. Because fallout from the tests covered a wide geographic area, the new approach should consider people in all parts of the United States and its territories. However, the changes that Congress may make in eligibility criteria based on this report would probably result in few additional successful claims, said the committee that wrote the report.

Currently, only "downwinders" who lived in certain counties of Arizona, Nevada, and Utah at the times of the tests -- along with civilian test-site participants and some workers who mined and milled uranium for the nuclear weapons program -- are eligible for compensation under the Radiation Exposure Compensation Act; military personnel are covered under a separate program. But the committee found that residents in other counties and states, even some far from the Nevada Test Site, may have been exposed to higher amounts of radiation than those in the currently eligible areas. Other factors -- age at the time of exposure, consumption of contaminated milk or food, and age when a disease is diagnosed -- are also important when determining whether someone's illness was likely caused by radiation, the committee said.

"To be equitable, any compensation program needs to be based on scientific criteria and similar cases must be treated alike," said committee chair R. Julian Preston, director, Environmental Carcinogenesis Division, U.S. Environmental Protection Agency, Research Triangle Park, N.C. "The current geographic limitations are not based on the latest science."

Available data that map radioactive material from nuclear fallout throughout the United States during weapons testing indicate that radiation doses to sensitive human tissues generally were small. With the exception of radiation exposure of the thyroid, the amount of radiation received from radioactive fallout was of the same magnitude or less than that received from natural background radiation over the same time period. Even in communities presently eligible for compensation, the risk of radiation-induced diseases is generally low. This and other scientific evidence led the committee to conclude that in most cases it is unlikely that exposure to radioactive fallout is a substantial contributing cause of cancer in downwinders.

Nevertheless, Congress should establish a new process for reviewing individual claims, the committee recommended. Any new claim should be based on "probability of causation," otherwise known as "assigned share" -- a method that is now widely used in the courts and in other radiation compensation programs. The PC/AS method employs a formula to determine whether radiation exposure is likely the cause of an individual's cancer. If the estimated PC/AS for that individual meets or exceeds the criteria established by Congress, then compensation is awarded. Establishing those criteria is a public policy decision that should be addressed by Congress, which needs to take into account scientific issues and uncertainties. And since it may seem unfair, because of the uncertainties involved, for a person not to get compensation when the PC/AS is just below the threshold, Congress may decide that a range of compensation amounts is more appropriate. The committee also recommended that the costs of screening, follow-up, diagnosis, and treatment for compensable diseases be covered for awardees.
Before the revised process is implemented, the National Cancer Institute or other appropriate agency should first conduct a population-based assessment using PC/AS methodology to determine the likelihood that any individuals in a given population -- such as a group of people with certain diseases who lived in particular places and consumed similar amounts of potentially contaminated milk or food -- might meet the new eligibility criteria set by Congress. The results of this pre-assessment, which should be communicated to the public, will provide guidance to individuals and government agencies on who may qualify for compensation. Federal medical-screening programs should offer cancer-detection and other medical tests to individuals only after they have been shown to be eligible for compensation and should follow screening guidelines developed by the U.S. Preventive Services Task Force and published by the Agency for Healthcare Research and Quality, the committee added.

The committee also considered issues related to uranium workers who were employed in geographic areas not currently covered in the compensation program. Noting that states not covered now are allowed to apply for inclusion if uranium mining took place there, the committee recommended that the compensation program be expanded to include uranium milling and ore transportation. Uranium miners, millers, and ore transporters should be screened for diseases generally recommended for screening in other mining populations, and the millers and transporters also should be screened for chronic renal disease.

No additions should be made to the list of cancers and other diseases covered under the compensation program, the committee concluded, based on a thorough review of the most recent scientific literature.

The study was sponsored by the Health Resources and Services Administration at the U.S. Department of Health and Human Services. The National Research Council is the principal operating arm of the National Academy of Sciences and the National Academy of Engineering. It is a private, nonprofit institution that provides science and technology advice under a congressional charter. A committee roster follows.

Copies of Assessment of the Scientific Information for the Radiation Screening and Education Program will be available this summer from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or on the Internet at http://www.nap.edu. Reporters may obtain a pre-publication copy from the Office of News and Public Information (contacts listed above).

[This news release and report are available at http://national-academies.org ]

NATIONAL RESEARCH COUNCIL
Division on Earth and Life Studies
Board on Radiation Effects Research

Committee to Assess the Scientific Information for the Radiation Exposure Screening and Education Program

R. Julian Preston, Ph.D. (chair)
Director
Environmental Carcinogenesis Division
U.S. Environmental Protection Agency
Research Triangle Park, N.C.

Thomas B. Borak, Ph.D.
Professor
Department of Environmental and Radiological Health Sciences
Colorado State University
Fort Collins
Catherine Borbas, Ph.D.
Executive Director
Healthcare Education and Research Foundation
St. Paul, Minn.

A. Bertrand Brill, M.D., Ph.D.
Research Professor
Departments of Radiology and Physics
Vanderbilt University
Nashville, Tenn.

Thomas E. Buhl, Ph.D.
Chief Scientist
Health, Safety, and Radiation Protection Division
Los Alamos National Laboratory
Santa Fe, N.M.

Patricia A. Fleming, Ph.D.
Senior Associate Dean
College of Arts and Sciences, and
Associate Professor
Department of Philosophy
Creighton University
Omaha, Neb.

Shirley A. Fry, M.D., M.P.H.
Independent Consultant
Indianapolis

Richard Hornungm Dr.P.H.
Senior Biostatistician
University of Cincinnati
Cincinnati

Kathleen N. Lohr, M. Phil., M.D.
Chief Scientist for Health, Social, and Economics Research
Research Triangle Institute, and
Co-Director
RTI-UNC Evidence-Based Practice Center and Clinical Prevention Center
Research Triangle Park, N.C.

Stephen G. Pauker, M.D.
Vice Chairman for Clinical Affairs
New England Medical Center, and
Professor of Medicine
Tufts University
Boston

RESEARCH COUNCIL STAFF

Isaf Al-Nabulsi, Ph.D
Study Director