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Cancer in Idaho on the Rise

The Cancer Data Registry of Idaho (CDRI) annual report “Cancer in Idaho – 2007” published December 2009 states; “Cancer incidence increased at a rate of about 1.2% per year in Idaho from 1975 to 1989, and at a rate of about 1.8% per year from 1995 to 2000. Between 1989 and 1995 the trend was predominately influenced by prostate cancer incidence among males. Cancer incidence trends over time were different for males and females. For males, much of the overall trend is due to the trend in prostate cancer incidence. For females, much of the overall trend is due to the trend in breast cancer incidence.”

Cancer in Idaho 1998-2010

1998 All Sites ¹		2010 All Sites ²		Increase (1998-2010)	
Incidence	Deaths	Incidence	Deaths	Incidence	Deaths
5,079	2,103	7,619	2,532	2,540	429

CDRI cancer (male/female) ranks incidence data by Health District (HD), and the top three ranked as; HD-4 (Counties Ada, Boise, Elmore, Valley) the highest, followed by HD-3 (Counties Adams, Canyon, Gem, Owyhee, Payette, Washington), and HD-1 (Counties Benewah, Bonner, Boundary, Kootenai, Shoshone), and HD-7 (Counties Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton). ³ CDRI also reports: “From United States Cancer Statistics 1999 Incidence, Idaho had the highest rate of brain cancer among males in the nation. Compared to SEER data, brain cancer incidence was significantly higher in Idaho from 1999-2000.” ⁴

In the CDRI Figure E below, “trends in five-year average cancer incidence by County, Idaho, 1979-1998”, the figure dark counties with observed cancer (OBS>Exp p<0.05) are the highest.

For more information on Idaho Cancer issues see EDI's website:

<http://www.environmental-defense-institute.org>

¹ Cancer Trends in Idaho, 1971 – 1998; A Report of the Cancer Data Registry of Idaho, September 2000, page 12. “All Sites” refers to all major body organs.

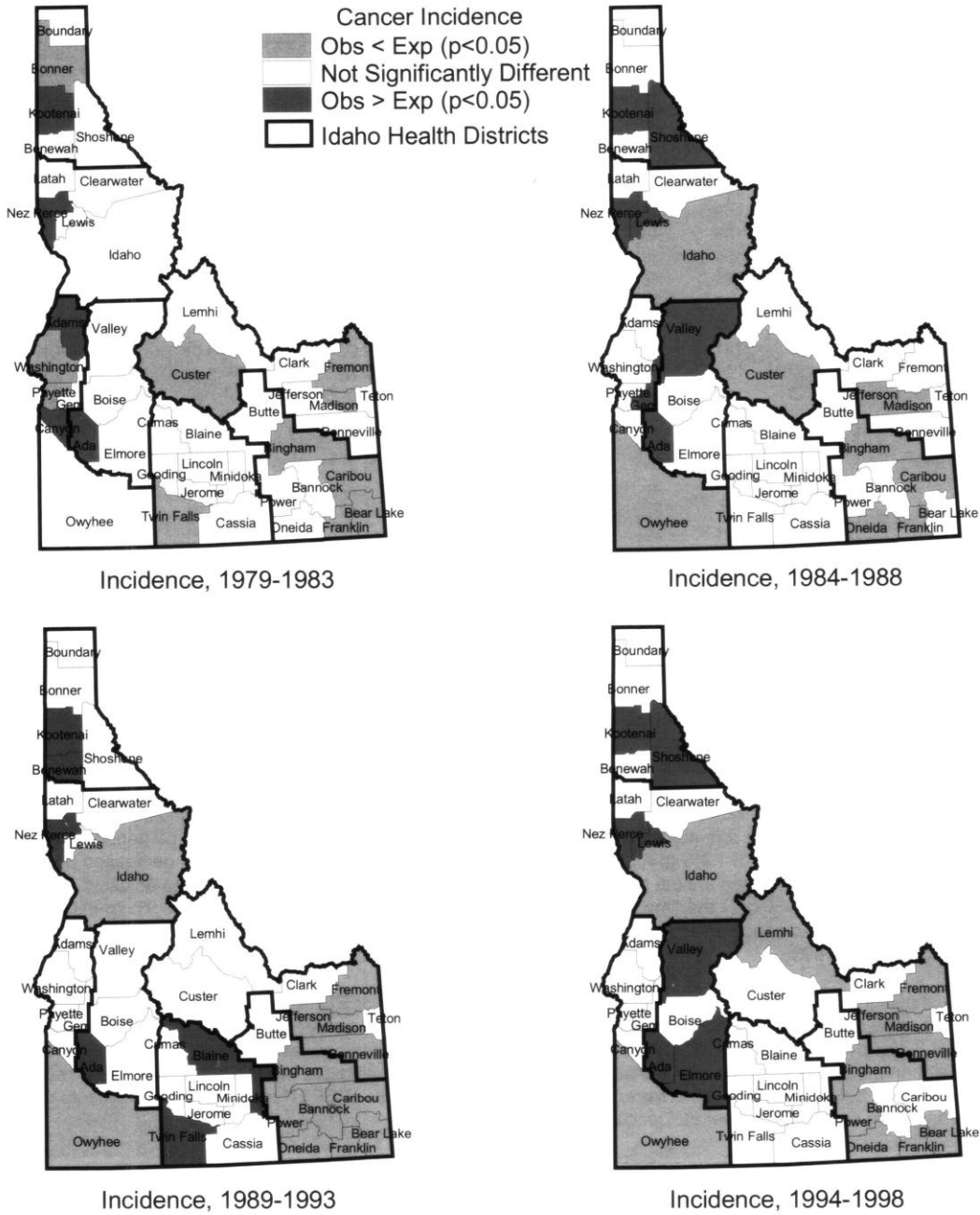
² Cancer in Idaho, Preliminary, March 2010, Cancer Data Registry of Idaho, pages 5, 6, 7, 8.

³ Annual Report of the Idaho Cancer Data Registry of Idaho (CDRI) – Cancer in Idaho 2007, published December 2009. CDRI is a collective of the Idaho Hospital Association and the Idaho Department of Health and Welfare; see their website: <http://www.idcancer.org>

⁴ Idaho Cancer Data Registry of Idaho (CDRI), Brain Cancer in Idaho, 1999-2000, page 6.

ALL SITES COMBINED

Figure E. Trends in five-year average cancer incidence by county, Idaho, 1979-1998.



CDRI's 2008 report states; "Incomplete case reporting by US Veterans Affairs (VA) hospitals since late 2004 may have resulted in 40,000 to 70,000 cases being missed nationwide **each year.**" This report also states, 2008 Idaho Cancer Incidence all primary sites (organs); In situ – 706; Malignant – 6,692; based on total ID population of 1,523,816. ⁵

These CDRI cancer rates correspond to the Nevada nuclear bomb tests and the Idaho National Laboratory re-processing of spent nuclear fuel and the eventual ending (in the mid-1990s) of testing and partial end to re-processing. The National Cancer Institute report on radioactive Iodine-131 fallout from Nevada Test Site tests shows the highest dose on Montana (Meagher County); Idaho County's (Custer, Gem, Blain, Lemhi). ⁶

Warren Cornwall reports in *idahonews.com*, *Idaho Falls Post Register*: "Some milk drinking children living in central Idaho during the [Nevada] tests may have received doses of radiation as high as **90 rads over the years of tests according to the NCI report.** A rad is a measurement of the dose of radiation absorbed by a person. A women exposed to 10 rads of iodine as a very young child would be a roughly 40 percent higher chance of developing thyroid cancer, from 1 in 150 to 1 in 90, according to the cancer institute." ⁷

Elevated Cancer in Lewiston, ID Clarkston, WA Valley

Eric Barker reports in the Idaho *Lewiston Morning Tribune* "The area that includes Lewiston [Idaho] and Clarkston [Washington] zip codes has a cancer rate 12 percent higher than the State of Idaho average. The cancer (types) that drive that are colorectal, lung and prostate cancer, said Chris Johnson of the Idaho Cancer Data Registry. Higher than normal rates of colon and rectal cancers were observed in the valley between 1997 and 2003." ⁸

Admittedly and understandably, the Idaho Department of Health and Welfare study focused on the Lewiston Potlatch Forest Industries (PFI) emissions of chloroform and benzene used in the paper production process. As Barker reports; "The higher levels of lung cancer in the valley are probably explained by smoking rates here, according to [ICDR] Chris Johnson."

There can be no doubt that PFI contributes to air pollution in the Lewiston/Clarkston valley as anyone with a nose could attest during a Lewiston air inversion , **but is it the only air pollution to which the Clearwater Valley was subjected ?**

EDI conducted a review of the Cancer Data Registry of Idaho reports for Health District No. 2 that includes the cities of Lewiston/Clearwater, and the Idaho counties of Latah, Lewis, Idaho, and Nez Perce. These counties show elevated cancer levels of all types and specific elevated levels of: endometrial, esophagus, kidney/renal pelvis, larynx, lung and bronchus, melanoma of skin, pancreas, prostate, stomach, and testis. ⁹ Most these cancers can also be caused by exposure to radiation.

⁵ Preliminary Report of the Idaho Cancer Data Registry of Idaho (CDRI) – Cancer in Idaho 2008 Preliminary; December 2009, page 3 and 6. See their website; www.idcancer.org

⁶ Estimated Exposures and Thyroid Doses Received by the American People from Iodine-131 in Fallout Following Nevada Atmospheric Nuclear Bomb Tests, National Cancer Institute, October 1997, page ES-2.

⁷ Cornwall, Warren; "Radioactive fallout – Health report doesn't recommend thyroid cancer screenings for possible testing victims", *idahonews.com*, The West, 9/17/98, *Post Register*.

⁸ Barker, Eric, "Study: Cancer not linked to air pollution, Agencies look at possible causes for elevated cancer rates", *Lewiston Morning Tribune*, May 7, 2005.

⁹ Cancer Data Register of Idaho Annual Report, Cancer in Idaho, 2002 published April 2004, Idaho Hospital Association, Cancer Data Register of Idaho, page 72. The Cancer Registry considers "Statistically Significant" when compared to Idaho state averages, (p>0.05). It must be noted that when these cancer rates are compared to U.S. cancer rates, they are even more significantly elevated. Prior to 1950, Idaho ranked to lowest in cancer rates; however the start of nuclear materials processing and testing of nuclear bombs radically changed this status.

INL Contractor BEA is Fined for Worker Exposures

Alex Stuckey reports in the Idaho Falls Post Register: "Battelle Energy Alliance [BEA] was fined \$412,500 for violations of quality assurance requirements and occupational radiation protection by the Department of Energy.

"The fine, which stemmed from two 2011 incidents involving worker radiation exposure, was announced Thursday. It was included in a letter from John S. Boulden III, director of the DOE's Office of Enforcement and Oversight, to lab Director John Grossenbacher.

"The letter said the exposure incidents were of "high safety significance." Grossenbacher is president of Battelle Energy Alliance, the contractor that runs the INL facilities on the DOE site west of Idaho Falls. "We agree with the findings and we will pay the fine," Grossenbacher said.

"The DOE's preliminary notice of violation cited violations committed by Battelle, including failure to identify processes needing improvement, failure to effectively train personnel to perform their assigned work and failure to perform real-time monitoring.

"The incidents for which Battelle was fined happened: On Aug. 30, 2011, when an operator received an elevated radiation dose to his right hand while processing fuel samples at the Materials and Fuels Complex's Hot Fuel Examination Facility.

"On Nov. 8, 2011, when 16 workers were exposed to plutonium radiation at the building that once housed the Zero Power Physics Reactor at the MFC. At least one worker inhaled the radioactive substance.

"The DOE letter said both incidents involved deficient work control documents and failure to perform work consistent with approved procedures. "Clearly the (November) event was unfortunate and doesn't meet our standards," said Phil Breidenbach, the MFC's mission support director.

"In order to comply with the DOE's recommendations, the MFC has a list of nearly 80 corrective actions it must enact to improve work planning, procedures and training. About 75 percent of the corrective actions already have been put in place, Breidenbach said.

"The DOE has not made public the list of corrective actions. INL officials said none of the 16 workers exposed in the November incident would experience adverse health problems as a result of the radiation exposure. They said the workers exposed to plutonium-239 in November had received radiation that was within the DOE's annual regulatory limit.

"According to the U.S. Environmental Protection Agency website, "internal exposure to plutonium is an extremely serious health hazard. It generally stays in the body for decades, exposing organs and tissues to radiation, and increasing the risk of cancer. "Plutonium is also a toxic metal and may cause damage to the kidneys."

Tami Thatcher, former INL risk analyst states: "The DOE's reported BEA results as of December 16, 2011, on page 62, gave best estimate **committed effective dose of less than 2.1 rem** (uncertainties range between 0 and 7.5 rem).

"So, the Oct 10, 2012 letter to the editor results of **0.1 to 2 rem over 50 years** for the three highest doses are basically unchanged. So what was BEA doing to the analysis since December that was so important they couldn't tell us anything in June and wanted to wait until September? Did they just delay it to the timing of the DOE fine announcement?

"The Post Register letter to the editor by Amy Lientz, Director, INL Communications and

Government Affairs states: 'the average American gets about twice that dose annually from natural radon.' Does the average American also get a 71 rem bone surface dose?

- No mention of the chelating it may have taken since the accident in Nov 2011 to lower to doses;
- No mention of uncertainties – the range is a best estimate range;
- No mention of **committed equivalent dose (to bone surfaces)** which were estimated at 71 rem (uncertainties range between 0 and 257 rem) which pertained to DOE annual limit to an individual organ/tissue. Since the body committed effective doses didn't change much from the December result, I would not expect the bone surface estimate to change much either;
- No mention of amount of Pu in the liver, which should have been a significant percent (LANL report "The Human Plutonium Injection Experiments" available on-line.
- Risk of chromosomal aberrations, genetic effects, cancer risk increase;
- Was there independent technical review of the dose estimates?
- **Wouldn't seem appropriate for INL to comment on how they have changed how they conduct work so this is less likely to happen and why they think they will be better prepared next time an unexpected contamination does happen?**

"Recall April 20, 2012. "Work halted after near miss– INL complex to undergo widespread training, safety review. A 3,000-pound piece of equipment fell near an employee Monday at the Material and Fuels Complex, the latest in a series of accidents. Citing safety concerns, Idaho National Laboratory Director John Grossenbacher has suspended all high-risk activities, radiological work and most research at the Materials and Fuels Complex west of Idaho Falls." This was many months after the November 2011 Pu exposure. Why was INL so slow to get the message that they had serious problems throughout work control and safety documentation at MFC?"

Radiation Exposure Compensation Act (RECA) expansion -- Blocking and Delaying Justice Until There Aren't Enough Downwinders Left to Demand It!

Emmett Messenger 10/26/12

By J. Truman Founder-Director Downwinders

Jan. 27, 2013 marks the 61st anniversary of the start of nuclear testing in Nevada Testing. Started and maintained throughout, with the promise that "There IS no danger. We repeat there is No danger!" And that any injuries that might occur to people and animals would promptly be addressed when claims were filed. Sixteen horses were indeed compensated for beta burns on their backs. All claims for injuries to the people downwind were rejected at best with the claim that fallout exposures were not significant enough to have caused their cancers. More often in letters from the AEC and public statements that concerns testing was causing cancers was "Communist propaganda!" Testing went forward with over 100 open air tests raining fallout across the west and dozens of leaks from over 900 underground tests. Justice for excess cancers cases was absent, but the steady loss of lives downwind was not!

In those areas closest to the test site where we had witnessed the tests and its fallout there was no question what was causing the increasing cancers. Those farther away realized something was happening but did not understand what. Even when they, as is so much the case in Idaho, had received as much fallout and when it came to the deadly iodine 131 even more. By the early 1970s we were organizing and demanding studies and justice for our injuries. The West's other downwinders, equally exposed and harmed didn't even know they were downwinders. Nor tragically did their politicians. In the end the original bills which did include other areas of the West, was cut down to cover just 21 counties in extreme Southern Utah, Eastern Nevada and Northern Arizona, with a small list of "politically acceptable cancers" and a small amount of compensation that wouldn't cover your first round of chemo!

There is a great deal of difference between true Justice in the RECA ACT and some small token tossed to just us for political expedience to shut up the loudest voices demanding the real thing for those exposed! The fight has gone on. It still goes on now twenty years after the first RECA Act was passed. And what has happened since? On the one hand the constant demand for studies to back the downwinders' claims has produced the 1997 NCI I-131 proving areas of Idaho and Montana and other areas of the West received more Iodine 131 fallout to their thyroids than we did! This highest dose was in a county in central Montana, followed by four across northern Idaho starting with Gem County and then and only then, my home county Washington in South West Utah. The 40 year study done on the thyroids of nearly 4,000 of us students there found that IF we develop thyroid cancer during our life the probability will be in the 70 and 80 percent that the bomb did it and we can obtain \$50,000 in RECA compensation. In Gem County, where doses would be as high and often even higher, downwinders cannot get one damned penny! Basically told by the Government that did it to them to go away and suffer and die quietly.

Following the NCI report attention finally was given to Idaho's downwinders. Exposure of their plight by the state's newspapers lead by the Emmett Messenger Index and then the Idaho Statesman, reached the eyes of not only the public but most importantly their senators who acted and meant it! Joining with other Western senators especially those of New Mexico and Colorado they have filed, tried to get hearings and things moving, received little support from other members and not giving up have filed and refilled new bills every Congressional term and will do so again come January.

They have tried and will continue to. And they deserve and need the support of all downwinders. Most vitally they need all downwinders to take a lesson from the bright side of our fight for justice, that the louder you demand, the louder you bitch, the more and the sooner the rest of the government will have to act, even only to try unsuccessfully to shut us up. Why? Because as the years tick by more and more downwinders are as we say are getting dealt their finally fallout card as they age and the latency periods following exposure catch up. Knowing this the government that did those tests know that if they can only delay long enough -- enough years -- Delaying justice until there aren't enough Downwinders left to demand it! Justice and admissions will not happen. It's up to us to support the sponsors of the bills in their fights and raise and sustain our voices. We owe it to our lost love ones and to ourselves and to future generations to insure it cannot ever happen again!

EEOICPA 2007 Report

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) was passed by Congress in 2000, and amended in 2004, to compensate American workers who put their health on the line to help fight the Cold War. In the course of doing their jobs, many of these workers were exposed to radiation and other toxic substances and, as a result, developed cancer and other serious diseases. The purpose of this program is to acknowledge the sacrifice of these workers and to compensate them in some small way for their suffering and loss.

With respect to the previous year, the chart below compares Part E statistics as of December 29, 2006 (the date used in the 2006 annual report) with January 8, 2008. As the chart illustrates, in every category where a comparison is permissible, DEEOIC has shown an increase during the course of the year – applications filed; recommended decisions approved; final decisions approved; payments and total dollars.

Claims	December 29, 2006	January 8, 2008	+/-
Applications Filed	58,943	69,269	+ 10,326
Recommended Decisions (Approved)	10,308	16,292	+ 5,984
Recommendations Decisions (Denied)	25,275	16,945 *	N/A
Final Decisions (Approved)	8,861	15,245	+ 6,384
Final Decisions (Denied)	19,733	14,396*	N/A
Payments	4,400	8,420	+ 4,020
Total Dollars	\$534,576,042	\$950,447,566	+\$415,871,514

*With respect to covered applications only;¹⁰

The statistics for January 8, 2008, also reflect an almost even balance between approved and denied claims.

Claims	January 8, 2008
Recommended Decisions (Approved)	16,292
Recommended Decisions (Denied)	16,945*
Final Decision (Approved)	15,245
Final Decision (Denied)	14,396*

*With regard to covered applications only.

¹⁰ Excludes non-covered applications – i.e., applications where the claimant did not establish that the employee had covered employment or where a survivor did not meet the relationship or dependency requirements.

The 2007 DOL Ombudsman's Report is out. It is located at:

<http://www.dol.gov/eeombd/2007annualreport/2007.pdf>

If you have ANY dealings with the DOL, please take the time to read and understand this 46-page document. It will answer many of the questions about the EEOICPA, and show the range of grievances with the program. If you are having difficulties with your claim, and cannot work them out with the local or District office, contact the Ombudsman's office. The list of complaints in this report is extensive, but only comes from a couple hundred complainants and the results of DOL's town hall meetings. If you have an issue, let them know, this has been one of the more positive DOL contacts we've seen.

The director of the Office of Ombudsman is Malcom Nelson. The Ombudsman's contact information is:**By E-mail:** Send your message to ombudsman@dol.gov.

By Phone:

Toll-free at 1-877-662-8363.

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