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**Written submission from
Dan Rudka**

**Mémoire de
Dan Rudka**

In the Matter of the

À l'égard de

Canadian Nuclear Laboratories (CNL)

Laboratoires Nucléaires Canadiens (LNC)

**Progress Update for CNL's Prototype
Waste Facilities, Whiteshell Laboratories
and the Port Hope Area Initiative**

**Rapport d'étape sur les installations
prototypes de gestion des déchets, les
Laboratoires de Whiteshell et l'Initiative dans
la région de Port Hope des LNC**

Commission Meeting

Réunion de la Commission

August 22, 2018

Le 22 août 2018

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CMD 18 - M30

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Dan Rudka,

July 19 2018

Please accept this written submission in regards to the public meeting of August 22nd, 2018 on the ***Progress Update for CNL's Prototype Waste Facilities, Whiteshell Laboratories and Port Hope Area Initiative***. Ref. 2018-M-04

Members of the CNSC Board of Commissioners,

This written submission will only address Port Hope Area Initiative, specifically communication and health. Recently I spoke to you at the OPG Pickering hearing. My main point of discussion on health findings was not allowed as you will recall. Initially I had attempted several times to address the PHAI, the CLG (Community Liaison Group), CNL with this same information that I will present again here. It must be understood that in attempting to communicate with PHAI has been met with resistance, to the point of insult. I have applied to join the CLG on more than one occasion, denied due to 'lack of qualifications and the overwhelming number of applicants' – the local paper reported as I recall about half a dozen applied, none with my experience or background. In fact no one is on health, as is with the PHAI not having a health department or public health oversight during the clean up and after.

I have requested to address the all three groups, PHAI, CNL and CLG, have been denied, or even as a "Guest Speaker". The reason's I do not qualify were written to me and are quoted as follows.

"Reason 1) The guest has important and relevant technical expertise not housed within the CNL, and credentials to match."

"Reason 2) The guest brings important experienced based (rather than technical) perspective

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about how a (i.e. technically-verifiable) project impact will be experienced by the people in Port Hope, for example, understanding the lived-experience of particular project noise, or the lived-experience of business disruption for certain type of business, etc.”

(Note “etc.”)

“With further regard to Reason 2, your experience with the nuclear fuel industry and the resulting health challenges you describe are to dissimilar to what the Port Hope Projects Environmental Assessment, independent health physicist and radiation specialists, and CNL subject matter experts predict residents in Port Hope will experience during the cleanup and long-term monitoring of historic low-level radioactive waste for it to be of relevance to our members.”

“As a result I am not able to bring your request to the members for their consideration.”

This was the reply from Alex Way of the PHAI.

Eventually I would be allowed to meet CNL Health Physicist, alone. This was not appropriate.

As the CNSC knows, I am a former nuclear worker from Port Hope suffering from nuclear material inhalation, tested and proven. I am well aware of my illness as well what the exposure does and will do and including new medical information that will affect the victims of inhalation of nuclear material. This new medical information was presented to you, the CNSC Board, in Pickering a few weeks ago, and not accepted due to my error in not including the information in my original written statement. Important as it was, the CNSC had an excuse to avoid my material.

Without argument of certain points of Mr. Way's remarks that are very incorrect and assuming to the point of insult, I will state that this is new information was not known by the PHAI, CNL, or the CLG. You, the CNSC did not know this information prior to June 28th when I spoke to the Board. In fact this Board avoided any comment or question on these health findings, as I expect was agreed to during the break taken before I spoke. I was disappointed finding this would be diverted, the whole purpose of my intervention.

Port Hope population will see this LLRW cleanup through with no health monitoring in regards to inhalation of radioactive particulate in the dust, or other cleanup related health concerns and possible issues. In fact no breathing protection has ever been mentioned or offered to the population, not from the CNSC, the PHAI, CNL, not even the local Health Department. What about the Highland Drive cleanup next to the school planned for 2019? Will that work be scheduled when there is no classes, no activity, or is the PHAI just going to go ahead when ready? If so what about breathing protection for students? I hope that this scheduled accordingly, during 'off' time. Keep the students away as they are vulnerable. And

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breathing protection just would not look good would it? I see it better than inhalation illness.

There are long term considerations that worry. The town may be cleaned, but never pristine again, the contaminants gone, we all hope, but were the people affected during the effort? With the latency period of nuclear material it could be many years after the cleanup is complete that health indications show...and Port Hope's legacy will continue. Clean the town, but also monitor and assist the public's health, prevent further issues of health risks. Prevention of health problems is the whole issue!! Why clean the town? We know, because the given contaminant is extremely dangerous to health. Safety, as your title states, 'safety' commission'. And the people are not offered protection or protection advice? In my opinion a distorted double standard. Central to all effort, should be public health. The CNSC, nor their associates, have an independent health department or health oversight during special projects as this in Port Hope. Aware also, that the World Health Organization can not address nuclear related health without first being 'cleared' by the International Atomic Energy Agency. No one is being straight up on health dangers and actual public health affects and yet we accept that nuclear is harmful, deadly to public health!

Mr. Binder at the OPG Pickering hearing asked to the effect of, why does the CNSC not hear about others that are also ill? Most don't recognize that their illness is related to nuclear. Workers, find out too late of exposure to make claims, and then are too ill to fight for their rights. There are other reasons why the CNSC does not hear of exposure, often personal denial, fear of retribution. One example; I know a woman, her husband a worker at Cameco for many years, they married, both healthy, had a son years later, he developed leukemia. His mother tells of no family history of this illness on either side of the family. She also insists that it 'can't' be from her husband's work in the nuclear industry. Consider the strong possibility of denial. But we are aware of the relationship of nuclear and blood illness, now. A very close friend, contracted to do nuclear work, had a similar incident with child and family history being clear. This was years ago and we never understood it then, but do now.

There are many other reasons that workers do not come forward. I could have been able to explain more in detail if this Board had accepted my very open and sincere offer in my letter of December 12th, 2016. Mr. Binder, this Board, did not even possess the decency and respect to answer my offer...there has never been a response. Truly this is shameful, disrespectful and revealing. There is much that the CNSC does not know or understand from a workers level or an exposure victim's perspective, and an opportunity was turned away.

How does the CNSC expect to get a handle on the 'feel' of the population, the workers, when you have no response to them? And the CNSC main office, the only one that is available is in Ottawa, located out of the nuclear centre? It's like having 'forest fire' advisors, response teams and experts living in the desert. And a public meeting should be held at a more

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appropriate location for the area public, if it's a public meeting or a public hearing. This review of the PHAI should be held in PORT HOPE, not Ottawa! Port Hope people have no idea of the CNSC meetings, as there is no local paper, no media, no obvious method of advertising.

Years in Port Hope, plus my exposure and many things around it have shown me the unexpected to the unbelievable. But the CNSC as stated above is out of touch. So, consider again, Port Hope, a nuclear fuel production town has seven pharmacies serving a population under 16,000. And I live in a community with no such history, two pharmacies for a population of 10,000. Quit seriously, does this board just move on past this? No input, no thoughts, no studies? There have been no real time accurate studies as has been mentioned often. A CNSC council member snickered when I mention industry urinalysis is not as accurate as should be. Even with that situation proven by better testing on a select few, how does one get the CNSC to take a concerned individual seriously?

As I stated in Pickering, Port Hope needs accurate health studies, especially in light of the PHAI and the fact that there appears to be no concern about the clean up and the airborne material. Recently I was told of 'road flagmen' for the PHAI standing directly in dusty airborne material stirred by the trucks, with no breathing protection whatsoever, as they clear the pier area. The trucks I have seen, filthy with the dust created. At the last hearing for Cameco in Port Hope 2016, off subject I mentioned the dirt and dust at the low-level dump intersection at Toronto Road not being controlled, I questioned about the future? That intersection has been very much spotless since. Not the correct way to be able to get the PHAI people to listen to concerns. I have noticed that some locals complain on 'face book', in order to get response from the PHAI.

Communication, listening, major problem within the PHAI, it is apparent on the public level. It is as though no one could know more than PHAI, your, 'experts'. Not so, many of my peers that are considered above your experts, have learned from my experience. And this occurs only because they listened to the experience of another person, an experience not theirs, one that they had never personally gone through. The PHAI, a first, should understand that they can't know it all. If the PHAI 'experts' believe otherwise they are a danger within themselves and to the public. The PHAI communication to the public is one way. We cannot address them at meetings – there are few, present concerns or make suggestions. Many complain locally about various aspects of their problems of communication with the PHAI. Answers don't come easily if at all. Many query each other for property concerns and answers on facebook, as mentioned, because PHAI has not contacted them back. I post concerns of health, no response

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on the PHAI site, some comments removed. With that, I expect that the PHAI, the CNSC will not consider any of the following, as has been in the past, maybe someone will pick up on it all and change will occur.

So, as explained once already in Pickering for Port Hope. In consideration of the low-level cleanup and no ability to connect and speak with PHAI as a whole or an interested group I will again present my thoughts and comments.

To understand and acknowledge a truer, more accurate picture of health in Port Hope, as it has always been an issue of concern due to the nature of the industry, nuclear, would be to take an inventory of all drug stores within the area. An inventory of drugs prescribed, would include the number of clients, the medications that they require, what these medications are intended to treat. This would be inexpensive and noninvasive to the population. Taken on a monthly basis then calculated over a year. Later, possibly more detail of individual health implications. Meanwhile the same can be done in a similar demographic that is absent anything nuclear, compare findings. This would allow a reasonable account of differences that would, could, or possibly be expected or discovered in a nuclear fuel manufacturing town. The CNSC and Health Canada would have something more defined to look at and into.

And maybe, more concerning is why the CNSC has done this? I expect that because the CNSC's mandate is not health related that this suggestion will be ignored. I also believe that there is a measure of fear in what may be revealed. Beyond that, there is no reason that I can see or have been given when asked, that this could not be done – unless the answer is intended to be avoided.

I am going to explain a few experiences, findings that need to be considered for inhalation of uranium in light of the PHAI now underway. The CNSC appears to really have no interest in this subject of nuclear exposure for the exposed, no real mandate on health, safety yes. But why is this, if health is not the reason for safety? Very confusing and could use some explanation, please, if there is an explanation, I would like to hear it fully.

As the CNSC has been informed, my lungs and body have been contaminated from inhalation with Port Hope's uranium. Probably not dissimilar to what is being cleaned in the town today and for years to come. In 2015 I received a double lung transplant due to the contamination resulted lung damage. There are three major points, let alone other indications that confirm, that I mention that must be considered together in the conclusion.

- 1) Immediately after my inhalation nuclear exposure by way of inhalation I had many symptoms, prominent was the decline in my hemoglobin. The red blood cell count was so low

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within a few weeks after exposure that my doctor asked if I had ever eaten meat in my diet. This was not expected as part of my now known exposure, as radiation exposure was not immediately suspected. As you know radiation travels to the bone where the blood is produced. This requires time, and thought to appear too soon in my case. Since, I have required medical intervention, struggled to keep my blood count up, but never has it returned to normal count, remaining low, requiring a constant effort just to stay there at that low level.

In 2015 almost immediately after my lung transplant my hemoglobin went up better than what was my normal count. This was not immediately understood and thought to be relevant somehow to the transplant. The blood cell count eventually went down again and settled back to the previous low level. This is because the lungs would now be re-contaminated, at much lesser level than the original imbedded particulate, but still contaminated from overall body and blood contamination.

2) In 2017, a remarkable medical finding had shown, proven that lungs actually produce blood. It was discovered that considerably more platelets leave the lung than actually enter. This also explains how contamination spreads throughout the body, from the lungs it transfers in the blood most immediately, throughout. (National institute of Health, April 04 2017, www.nih.gov/news-events)

3) Next was a study on the Fukushima Monkeys. The study started in 2008 before the Fukushima disaster had no intent of being part of the incident, intended to study the monkeys in general. But because of the situation the study director was asked and did study the exposed monkeys. Sometime after the incident, the newborn of the exposed adults were found to be underweight, smaller bodies, they also had smaller heads and brains. But also all the monkeys were found suffering from anemia, a reduction in all blood components, red and white. In tests from 2012 to 2017 there has been no change. The problem is chronic and it will not change. Recently reported, the monkeys were being destroyed rather than studied. The reason, I will suggest excuse, was that someone thought that it would be best eradicate, rather than letting, these animals reproduce as chromosome, DNA damaged, mutated animals. An indicator of the future of the Fukushima exposed and damaged population? (Three Ways Radiation Has Changed The Monkeys of Fukushima www.forbes.com/sites/ieffmcmahon/2017/10/30 "...a warning for humans")

The conclusion here is simple. As quoted in one article, "a warning for humans". What is most immediate is that all nuclear exposure victims that are exposed by inhalation, the most likely method, will suffer immediate anemia, loss of red and white blood cells, lowered hemoglobin count. The lung transplant of uncontaminated lungs and an immediate higher

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blood count confirm the effect on the lungs. As well as the initial effect on my blood count going down so immediately after exposure. The effect to the lungs and blood is immediate and does not repair itself, the damage done. Testing for this low hemoglobin is a simple, inexpensive blood test...free in Ontario!

Quit obviously this information shows very well that victims of nuclear material, particulate inhalation, will show low hemoglobin count in a short period of time. In Port Hope, for example blood testing for low hemoglobin could be very informative, without waiting, waiting on cancer findings. More telling and quicker testing for indicators of inhalation exposure is required if people are at any risk as they would be during this period of LLRW cleanup in Port Hope. In fact the population will continue to be at risk while Cameco continues to operate and discharge airborne radioactive particulate. Relying and waiting on cancer studies is wrong. Waiting for the end game and counting up the tally to see how we have done, long after this Board has retired, is not what has ever been expected and should not be accepted.

Presently the PHAI could do a great deal better in communicating both ways with the people. Information as presented above could have been out, discussed, considered long ago had the PHAI attitude been more forthcoming and open. But when one is basically told in so many words, 'we know it all, you have nothing that we don't already know', well nothing gets learned, nor improved, risks increase when minds are closed. The displays, the information that the PHAI want out, is out there, but too much is avoided. This effort by the PHAI should at least advise and offer breathing protection around working areas. Soil, dust on their own, no other unnatural contaminants can cause multiple illnesses, some very serious. People with existing lung or breathing conditions are at an even higher risk, I can assure you.

This situation of airborne particulate in the dust has been approached casually by the PHAI. All about the efforts to make all well within the 'mechanical' clean up guidelines, with very little to no concern over the obvious most serious concern inhalation of radioactive material, as you know the worst possible method of exposure, the most dangerous, the hardest to detect or diagnose.

Something must change, somewhere, somehow the CNSC and the PHAI need to get serious about the foremost issue of safety to the health of the population during this cleanup and around all nuclear facilities at all times. The PHAI must open its doors to answers from the public questions and concerns. An open meeting or meetings of different subject matter regarded in different aspects the LLRW cleanup, where people can actually ask open questions and get answers.

Safety of the operation is always assured but often proven questionable, most recently the CNL and the Port Granby water issue discovered by the CNSC. Anything that can go wrong

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can involve follow up health issues and nothing is in place nothing gets looked into, explored or resolved on health effects on anyone present in an incident, after the fact. Nothing recognized, or acknowledged, the CNSC stance taken with me as an exposure victim, nothing needs to be done. Not a good lead for the people if the CNSC is overseeing the PHAI. Yet across our border, U.S. workers are recognized, compensated...in fact in happens in many other countries. What is the problem with the truth in Canada, or is it the truth within the CNSC, the industry? The cat has been out of the bag for awhile if no one 'in nuclear' has noticed, more of the population has noticed in time. We are treated as though we are being fooled when we are coming to understand better, and it is despairing.

Consider 18 years attempting to get to a worker's compensation claim, to get a hearing (WSIB). Things around nuclear and health must change. It will not happen within the CNSC or the PHAI, they don't want to know about health. It must be an identity like Health Canada or better an independent health organization. As industry, regulator's and government have too much influence on what direction to take and what to report on. The truth is there, suppressing it only compounds problems to be resolved later, on someone else's watch.

I would hope that this statement will receive more respect or interest, as the case may be, than has passed efforts by this former nuclear worker. I have been failed by this regulator, the industry and many other authorities because of my exposure, because it is "nuclear". And because the incident was with criminal intent, covered up, left me vulnerable and further violated because that denial. In order for the industry to appear 'clean and safe' I have been brought to the limits of life, health, and finance, losing a built home and so much more, left as a disabled liability, a huge medical expense and otherwise to the taxpayer, in the face of obvious evidence of nuclear exposure resulting from nuclear employment. And nuclear regulators, nuclear industry, compensation system all fail? Possibly this answers better the question of Mr. Binder in Pickering, questioning why the CNSC hears so few if any complaints of nuclear workers, troubled health and exposure issue's? When all refuse to listen, recognize the truth, well obviously therefore, there can be no victims!? Denial, conspiring to ignore, is all that I can see here. And as stated in the past, this is one individual, how will you handle a serious incident of multiple exposures? Just not recognize it, wait till it dies? That is how I am made to feel. Is that what the WSIB waits for after 18 years plus to get a hearing just for compensation?

As far as the PHAI is concerned, much for them to consider if they would listen, past arrogance shown tells me that is not about to happen. More issues around this LLRW cleanup will arise, in time. What I am suggesting is for early prevention in regards to possible health future health issues that could evolve as a result of the LLRW cleanup. Do not leave Port Hope with a continued legacy on health from nuclear years down the way. Health monitoring or some study can be done as explained in two methods. If the CNSC and the PHAI intend to not

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consider what is proposed, I would like a written explanation.

Sincerely,
Dan Rudka