Terry Hamilton

Lawrence Livermore National Laboratory Marshall Islands Program http://eed.linl.gov/mi/

What can low-level plutonium bioassay measurements do for you?

CIEMAT Briefing

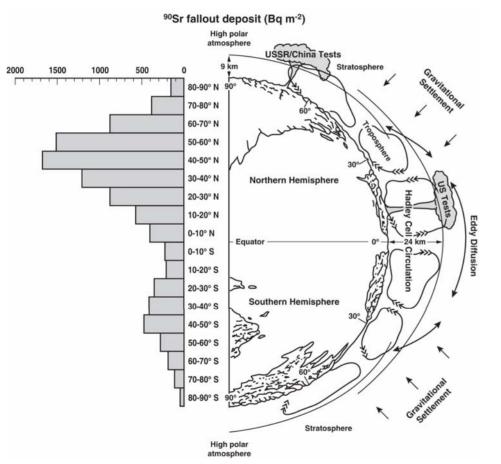
This document was prepared as an account of the sponsored by an agency of the United States Government. Neither the United States Government nor the University of California nor any of their employees, makes any warranty, express or impired, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe privately owned rights. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise, does not necessarily constitute or imply its endorement, recommendation, or favoring by the United States Government or the University of California. The views and opinions of authors expressed herein do not necessarily state or reflect those of the mited States Government or the University of California, and shall not be used for advertising or product endorsement purpose.

This work was performed under the auspices of the U.S. Department of E

by the University of California, Lawrence Livermore National Laboratory under Contract No. W-7504-ENG-48.

Atmospheric nuclear weapons testing in the Marshall Islands







Nuclear Weapons Testing in the Marshall Islands

➢ Significant contribution to world-wide fallout (some 11 tests > 4 Mt)

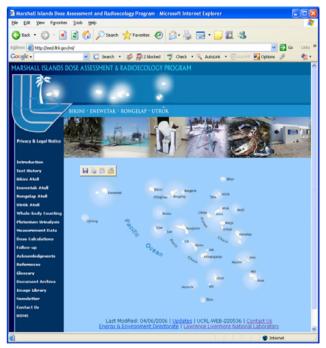
≻At the same time, most of the tests were conducted in the near surface environment where as much as 50% of the debris was deposited on a local or regional scale

Marshall Islands Dose Assessment & Radioecology Program



Strategic Directives of the Marshall Islands Program

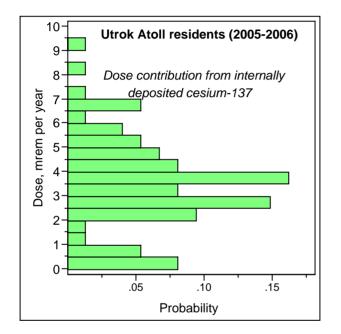
- 1. To provide technical support services and oversight in establishing radiological surveillance monitoring programs in the Marshall Islands
- 2. To develop comprehensive assessments of current (and potential changing) radiological conditions, and
- 3. To provide recommendations for remediation of contaminated sites and verify the effects of any actions taken



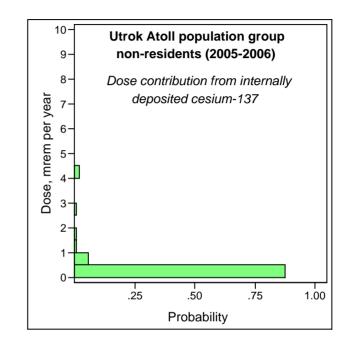
(http://eed.llnl.gov/mi/)

Marshall Islands Whole Body Counting Program Update

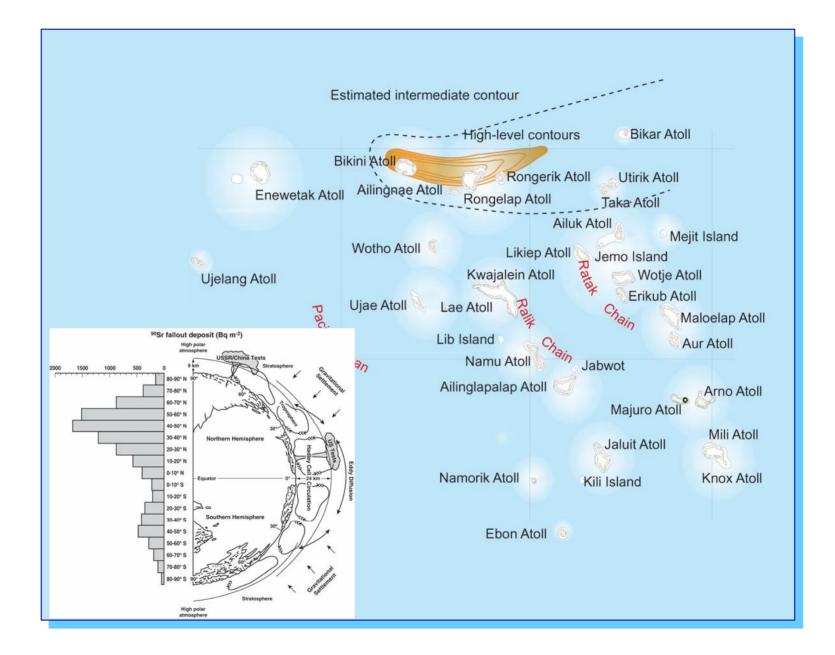




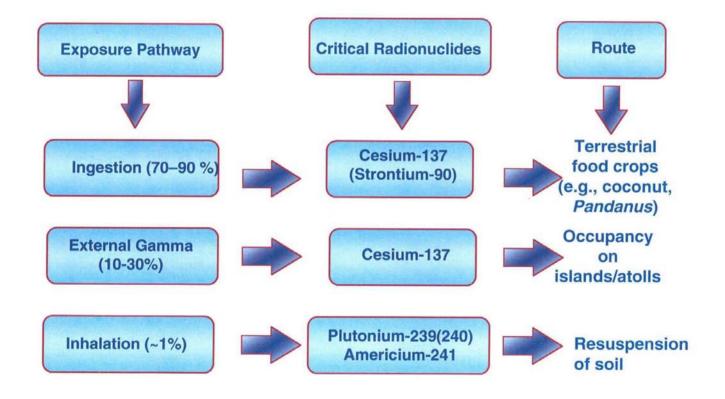
Moments: Mean = 3.5; Median = 3.5; Std. Dev. = 2.0; Std. Err. Mean = 0.23; Upper Confidence Interval Mean = 3.9; Lower Confidence Interval = 3.0; N = 74



Moments: Mean = 0.2; Median = 0.0; Std. Dev. = 0.8; Std. Err. Mean = 0.08; Upper Confidence Interval Mean = 0.38; Lower Confidence Interval = 0.05; N = 82







TH-JAPAN-0899





Cleanup Verification Monitoring in Support of Resettlement Programs





Rongelap external gamma dose rates

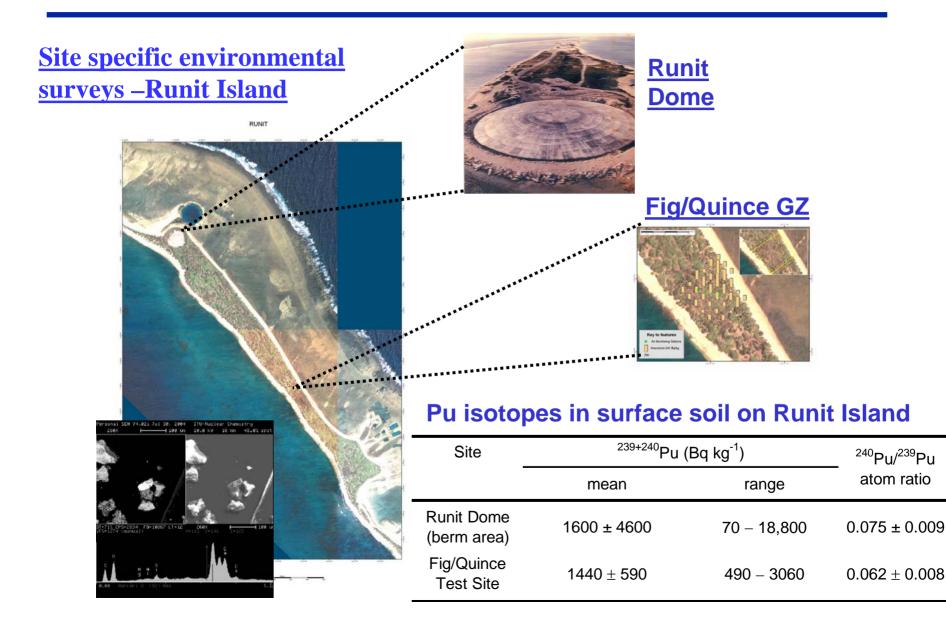


Location	N	Cesium-137 External Gamma Dose Rate (mrem per year)		
		range	average	
Inside Houses	17	<0.5 – 1.1	0.7	
Around Houses	81	< 0.5 - 3.3	1.1	
Lagoon [#]	63	< 0.5 - 28	8.5	

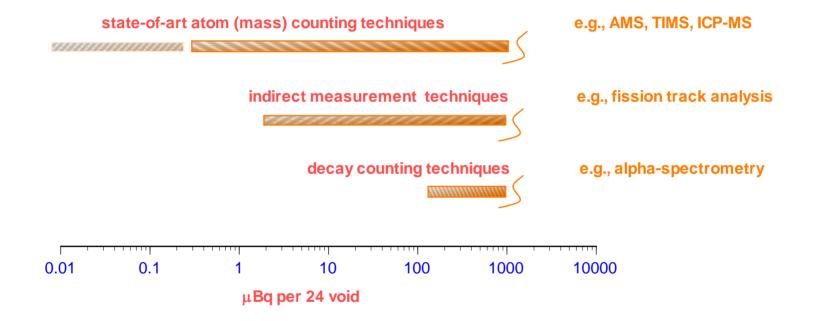
[#]excludes one point (53 mrem per year)

Site Characterization Studies





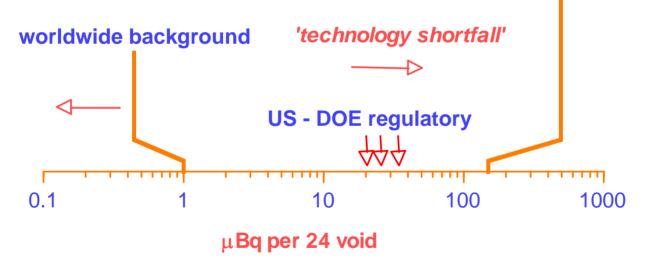
Detection and Measurement of Plutonium Isotopes in Bioassay Samples



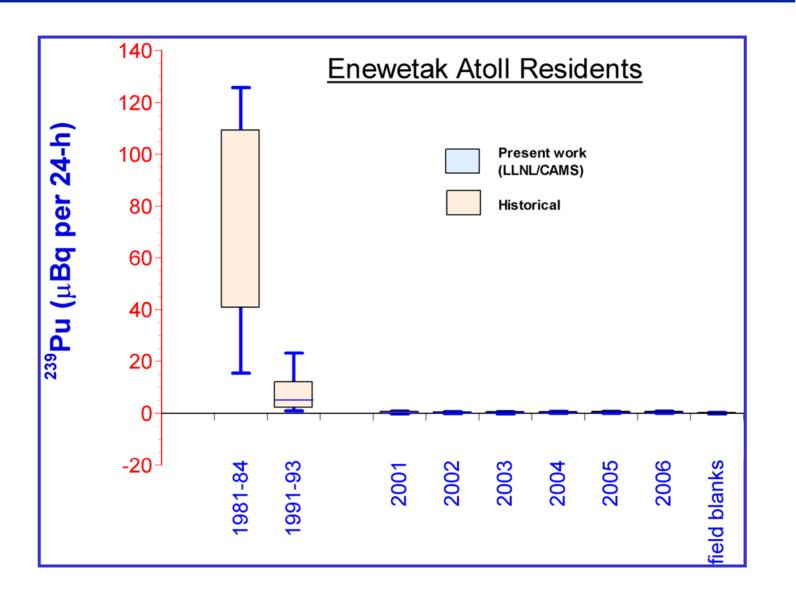
U.S. Regulatory Guidance on Occupational Monitoring Programs







Plutonium bioassay measurements on Enewetak Atoll (2001-2005)



SUMMARY PLUTONIUM BIOASSAY DATA (2001-2007)

	error-weighted mean (μBq per 24 h void)				
Atoll	field blank	all	male	female	
Enewetak	0.01	0.14	0.16	0.11	
Rongelap	0.00	0.11			
Utrok #	-0.01	0.11			
#available data	through April	2007			

Findings

□ Very low levels of urinary excretion of plutonium from Marshall Islanders

Establishing a more accurate and reliable baseline

(how clean is clean enough?)



Low-level Plutonium Bioassay Measurements at LLNL



Good house keeping and contamination control
Rigid collection protocols & oversight





Utilizing a very high quality detection and measurement capability

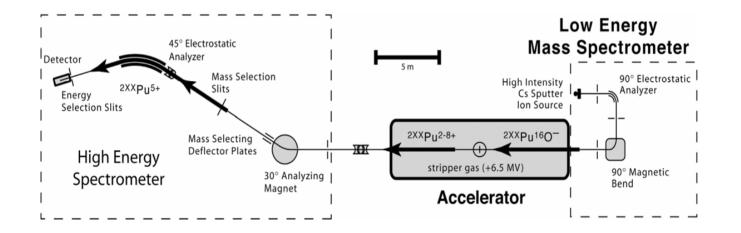
HVEC Model FN Tandem Van de Graaff accelerator

Low-level plutonium Bioassay Measurements at LLNL



AMS system offers advantages in terms of sensitivity and is less susceptible to interferences than many other competing mass spectrometric spectrometric technologies.

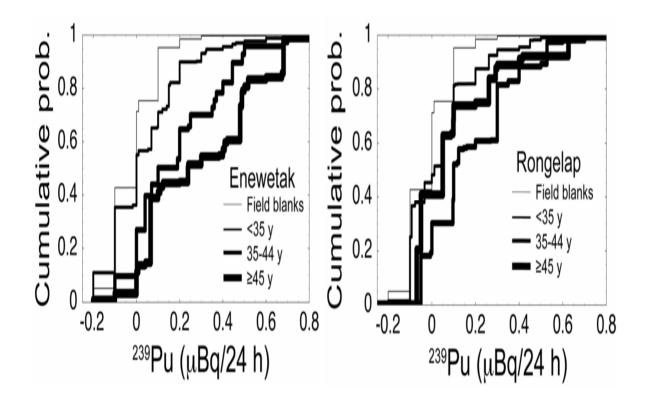
➤ The use of AMS for low-level bioassay measurements of plutonium plutonium isotopes has been independently validated by the National National Institute of Science and Technology (NIST) and the Oak Ridge Ridge National Laboratory.



Low-Level Plutonium Bioassay Measurements at LLNL



One interesting observation – a significant positive correlation between urinary excretion of plutonium and volunteer age



Low-level Plutonium Bioassay Measurements at LLNL



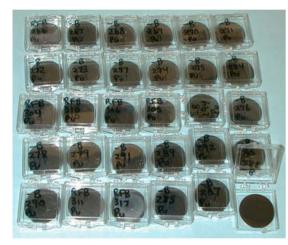
Atoll	Sample group	Ν	% >0.35 μBq per 24-h void
Enewetak Atoll (median age = 36.1)	field blank	39	5%
	<35 y	129	22%
	35<45 y	57	39%
	> 45y	83	53%

'Trend may be indicative of low-level chronic buildup of plutonium that could have been easily overlooked with the use of inferior analytical measurement techniques'

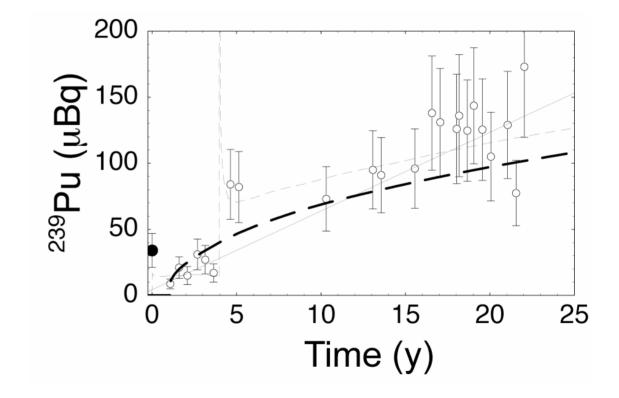
'Similar findings at other settings may have important implications for cleanup, e.g., Palomares (Spain)

AMS Measurements of Residual Activity on Archived Bioassay Alpha-spectrometry Plates





Archived alpha-spectrometry plates



Low-level Plutonium Bioassay Measurements at LLNL



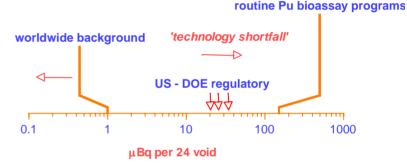
>AMS provides more accurate and reliable measurements at or near anticipated worldwide background concentrations

AMS is 200 to 1000 times more sensitive compared to alpha-spectrometry

The measurement technique is capable of monitoring down to a 50y CEDE of < 0.01 mSv based on sub $\sim \mu$ Bq level urinary excretion rates of plutonium, far exceeding the requirements established under the latest U.S. Department Energy regulation 10CFR 835 for occupational monitoring of ²³⁹Pu

Isotopic characterization, e.g., ²⁴⁰Pu/²³⁹Pu atom ratio, may be a useful source-term indicator

AMS requires a relatively simple preparative chemistry and is an extremely robust technique for measuring low-levels of plutonium



"What can low-level plutonium bioassay measurements do for you?"

- 1. Helps define the boundary conditions for exposure and uptake (Do you really have a problem? What is the magnitude and extent of the problem?).
- 2. Better able to quantify and track low-level chronic exposure and uptake within population groups
- 3. Better able to define the need for and extent of cleanup requirements
- 4. Better able to manage public perception and provide effective community outreach

Measure-Model-Predict (Verify)