Hardtack

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FOLDER Operation Hardtack 1957-58

December 16, 1957

Commander, JTF SEVEN
Attn: Col. Ralph LeChessee, MC
Task Force Surgeon
Washington 25, D. C.

BEST COPY AVAILABLE

Dear Ralph:

This concerns the matter which Clint Maupin has probably discussed with you already as a result of my phone call to him of last week. I have become increasingly disturbed by the freedom with which various military groups are demanding an increase in the permissible dose limit for their particular projects at test operations.

It might be well if I went back into the history of the thing just a little. If we go back to the operations of 1951, RANGER, GREENHOUSE and BUSTER-JANGLE, it became apparent that the cloud samplers could not always accomplish their missions if they were to be held arbitrarily to the same restrictions on dosage as other participating personnel. Originally, I don't think that we ever gave them a number any different from the one used by other people but at least we were tolerant of their technical overexposures, knowing that they were doing everything possible to keep exposures to a minimum.

By the time we came to Operation REDWING it was again obvious that the length and complexity of the operation would make the problem even more troublesome in spite of improved techniques. Consequently, the cloud sampling group requested formal action and in Los Alamos we initiated a recommendation, subsequently approved by CTG 7.1 and by the Task Force Commander, that we would agree to overexposures to a working goal of 10 r and an emergency limitation of 20 r. This meant that no pilot would be permitted to receive more than 10 r knowingly although, because of the rather tricky nature of the operation, we would not regard it as an overexposure unless he went beyond 20 r. All members of the group managed to stay comfortably within the lower number.

At the same time Louis Pinson's operation presented an even more troublesome problem and, in the same way, we recommended and got approval for limits of 25 and 50 r. As it turned out, the highest total dose for any member of the group was about 17 r, indicating both that we had made a good guess and that Pinson had lived up to his end of the bargain.

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As a general rule, I would not approve of the use of two numbers but in cases of this sort where it is so easy for a man to get into a situation which he can't control I feel it quite justifiable. It should be impressed on all personnel, however, that the lower number is the one which is of importance to them and that they are not permitted to pass it except through an obvious miscalculation of some sort.

Now we have learned of two additional requests, one by the cloud sampling group and the other from Capt. Pickett of the Weapons Effects Tests Group and relating particularly to personnel of TG 7.4. I fully anticipate that there will be more of these requests unless something is done about it.

I feel that the time has come when a directive should be issued from DOD (Dr. Berry ?) which would settle this business once and for all. In preparing such a directive care must be taken lest it imply that there is a single arbitrary maximum limit but that anyone who wishes is entitled to receive dosage up to that point. This is obviously comparable to giving a child a year's supply of candy all at once. I realize perfectly well that DOD does not wish to have its men afraid of radiation and yet I think one must admit that all personnel should maintain a pretty healthy respect for it. Certainly the feeling that military personnel may receive large doses of radiation just because they are in military service is untenable. The DOD might just as well learn now that the presence of radiation may mean that you will have to have two men do a job which otherwise could be done by one. In wartime, of course, the philosophy will be very different but in peacetime, except under very unusual circumstances, I find it hard to believe that one should approve exposure levels for one group which are regarded as unwise for another, especially when one is dealing almost exclusively with young men who are far from the end of their reproductive life.

The requests for additional exposure this year have both come from men who are completely untrained and inexperienced in health physics; they seem to have a feeling that actually there is some sort of a threshold dose somewhere up in the vicinity of 100 roentgens and that they should be permitted to play around at just about any level below this. Certainly no such request should be approved unless and until it has been considered carefully by some qualified person.

There is one final aspect of this matter which also merits careful consideration. Some of the men who are expected to participate in the cloud sampling program and similar missions have already taken part in similar programs at previous tests. I feel very strongly that the total exposure records of such men should be scrutinized carefully and evaluated before they are approved for participation in HARDTACK. Here, again, I feel that the DOD must take a definite stand on the matter of having men receive overexposures year after year. I realize that in individual cases you, as Task Force Surgeon, could cut off their water very easily but it seems to me that there ought to be a

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general statement of policy which will control all three branches of the military establishment. As I am sure you are aware, the AEC has officially adopted the recommendations of the NCRP and has given them the force of a recommendation. If the AEC is in effect lowering permissible exposures, I wonder a little whether the Armed Forces can with a clear conscience give its approval to larger and larger doses. And certainly there is no reason to think that Navy men are any more resistant to radiation than Army men and that Air Force personnel are any tougher than any of the others. Above all, I hope that you will persuade Gen. Ludecke that he should not let any of these characters trap him into giving approval to overexposures until the matter has been carefully weighed.

I could continue on this general subject at far greater length but I am sure that you have the gist of my feelings by this time. I will be happy to do anything I can to help straighten matters out and I hope that some action can be taken in the near future which will be effective. It is my contention that this is entirely a medical problem and one which should be settled by medical men who are familiar with problems of health physics, at least as long as we are operating under a peacetime philosophy.

Very sincerely yours,

ORIGINAL SIGNED BY THOMAS L. SHIPMAN, M. D.

THOMAS L. SHIPMAN, M.D.,
Health Division Leader

cc: Col. C. Maupin, Washington
Don Shuster, TG 7.1

bc: A. Graves

TLS/lca

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