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Media Release

SA Royal Commission Draft Terms of Reference Ignore Health Impacts of Nuclear Industry

The Medical Association for Prevention of War (MAPW) and the Public Health Association of Australia (PHAA) are deeply concerned that the Royal Commission’s draft terms of reference are too narrow and do not protect the health of South Australians.

“The draft terms of reference do not address health impacts at all, for either industry workers or the general public,” said Dr Margaret Beavis, President of MAPW. “Nuclear reactors are associated with increased rates of childhood leukemia in surrounding areas, and there are already legacy health issues in South Australia resulting from previous nuclear activities and uranium mining,” she added.

“In addition, the large government subsidies reactors require may reduce funds available for public institutions like hospitals and health services in South Australia,” Dr Beavis added.

The MAPW and PHAA are calling for a comprehensive examination of the entire nuclear industry, including uranium mining and security risks.

“There are health threats associated with every step of the nuclear fuel cycle and ample scientific evidence regarding the hazards of low dose radiation exposure,” said PHAA spokesperson Dr Michael Fonda. “There needs to be a genuine and scientific assessment of the health impacts of the nuclear industry both from the past and for the future,” he added.

This Royal Commission provides an opportunity to explore energy solutions for South Australia. “Uranium is a non-renewable resource and Australia needs a 21st century Energy Policy that hastens the transition of our economy toward one powered by renewables, not one that ties us down in outmoded and potentially dangerous technologies,” Dr Beavis said.

Both organisations have offered to assist the Royal Commission in its inquiry.

For further information/comment:

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Issues not addressed by the Draft Terms of Reference include:

**The major subsidies** needed for nuclear reactors. Effective regulation, insurance, long term waste management and decommissioning are costly.

**Financial conflicts of interest.** The uranium/nuclear industry has strong financial links with a number of individuals, universities, researchers and academics, particularly in South Australia. It is essential in any inquiry that potential financial conflicts of interest are explicitly declared by all witnesses and commission staff.

**Water resources.** Where will the water needed for reactors come from? What impact will this have on the local, regional, state water supplies, and will it impact on below ground water sources? What will be done to protect the SA waterways from radioactive contamination?

**Risk management.** What are the security implications for reprocessing / power generation? What are the hazard implications in the event of natural disaster, accident or deliberate damage? How will the hazards of transporting radioactive materials be addressed?

Specifically, what is the state’s preparedness and ability to cope with a nuclear accident along the lines of Fukushima (including economic impacts)? The Japanese Diet inquiry into the Fukushima disaster described it as a “man-made disaster”, where a cosy relationship between the industry and levels of government, poor regulation and cost cutting resulted in failure of the “fail safe” mechanisms.

**Mining.** Given export of uranium produces either nuclear weapons or waste that has no safe long term storage, and the production of uranium creates serious long term environmental problems (radioactive tailings, accidents in nuclear power stations like Fukushima, managing radioactive waste), examination of the advisability of continuing to mine uranium should also be included in the terms of reference.

**Justification for waste storage.** The use of medical isotopes is often used to justify a waste facility. A waste dump is not required for Australia to continue to provide world-class nuclear medicine procedures. The “medical necessity” claim is deliberately misleading. The majority of waste produced from medical radioisotopes decays almost entirely in a few days and is then classified as exempt waste (EW) which can be disposed of in the existing general environmental waste systems. An extremely small amount of medical waste is designated ‘intermediate level waste’ (ILW) and is presently safely stored at hospitals and research facilities.

**Justification for reactor.** Similarly, the creation of medical isotopes has been used to justify the need for a reactor. Overseas practice shows that it is feasible for radioactive isotopes to be supplied through non-reactor sources. The Canadian Government has developed non-reactor based isotope production (using particle accelerators) after deciding that the development of a new reactor could not be justified on the grounds of isotope production.

**Legacy Issues.** There are a number of contaminated sites in SA that have never been (and probably never will be) decontaminated. This is a very significant health and social issue for those people affected.