

A Primer in the Art of Deception

The Cult of Nuclearists, Uranium Weapons
and Fraudulent Science

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What follows is an excerpt from *A Primer in the Art of Deception*. The chapter in which it appears is entitled *The Most Heinous Crime in History: The Betrayal of Mankind by the Radiation Protection Agencies*.

Scam Number Thirty-Nine

SCAM NUMBER THIRTY-NINE: Use the risk factors to structure the perception of the health consequences of a radiation release.

In Edgar Allan Poe's short story, *The Masque of the Red Death*, all the influential people of a country assemble for a masquerade ball in the castle of a nobleman. Outside, a plague is ravaging the less fortunate population. Secure in their presumption that they are immune to the tribulations taking place beyond their walls, all are horrified to discover when they remove their masks, that Death has been an uninvited guest within their midst throughout the entire gathering. This, their final realization, marks the moment of their demise.

For purposes of this discussion, we must ask what costume, today, is Death wearing?

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Death is disguised by the risk factors published by the radiation protection agencies. We fail to recognize Death in our midst because it is so craftily concealed.

Before this discussion proceeds, a single point needs to be hammered home. When estimates are manufactured for the number of people injured by nuclear weapon testing, how are the figures computed? On the basis of the risk factors! When a radiation accident takes place, what is used to determine the likelihood of illness to those dwelling downwind? The risk factors! Before commercial nuclear power plants are licensed, what criteria are used to determine the amount of radionuclides that can be legally discharged and the likely health effects of these to the surrounding population? The risk factors! For people employed in the nuclear industry, how is potential hazard to their health estimated? The risk factors! When modeling different accident scenarios at radioactive waste repositories, how is health detriment of those potentially exposed determined? The risk factors! When computing the possible hazards of a breach of containment accident during transport of radioactive materials along highways or railroad lines, how are possible casualty figures derived? The risk factors! On what basis is the hazard to health estimated from incorporating low-level waste into consumer products? The risk factors! When cancer patients receive radiation therapy, how are their chances for another cancer being induced by their therapeutic dose of radiation calculated? The risk factors! How are hazards to our own troops or enemy civilians evaluated when designing and deploying uranium weapons? The risk factors! When estimating collateral injury to the surrounding population from the proposed deployment of nuclear bunker-buster bombs, what information is necessary for such calculations? The risk factors! How are the number of radiation deaths produced in the varying scenarios of nuclear war fighting during World War III determined? The risk factors! The risk factors legitimize the entire nuclear enterprise. Human beings tolerate technologies that cause radiation exposure solely on the basis of their belief that this exposure represents minimal risk.

Scam Number Thirty-Nine is the preeminent scam, the reason for being of all the other scams. It lies at the heart of all the mischief that has infiltrated and corrupted the science of radiation protection. By the elaborate swindle deconstructed within these pages, the Cult of Nuclearists has fabricated inaccurate risk factors and then used these inventions to veil its misdeeds before the public. To fully appreciate the insidious role played by the risk factors in blinding humanity to true radiation effects across populations, one must get a feel for the profound indeterminacy that accompanies a radiation release. Due to the nature of the phenomenon, the impact of vented radioactivity on public health is clouded in ambiguity. Once liberated, radioactive atoms invisibly migrate through the environment at the whim of ever-changing meteorological and geophysical forces. From their point of origin to their ultimate abode, no one knows their fate. Extensive environmental monitor-

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ing can provide a map of patterns of dispersal and potential avenues for contamination of the food chain, but this in itself will not divulge who was contaminated and to what extent. Those contaminated will never know they have absorbed radiation that may undermine their health. The most meticulous scrutiny will never disclose the fate of each radioactive atom as it courses through their bodies. When an atom undergoes radioactive decay, no one will witness the molecular consequences of the event or the possible genetic damage inflicted on a cell. When a cancer develops decades later, the victim will never realize that he or she was a casualty of a radiation accident.

With the exception of incidents that produce acute radiation syndrome, radiation injury in the wake of a radiation release is delayed and invisible. Only years or decades after an exposure event do indications of injury begin appearing, if anyone is bothering to look for them, in the form of an increased incidence of naturally occurring diseases. In the aftermath of a Chernobyl-type accident, perhaps the first indications of harm to a population are a growth in the number of miscarriages, stillbirths and birth defects. Increased rates of leukemia among children who were in the womb during or immediately after the event may begin appearing during childhood or adolescence. Among those who were children at the time of the accident, the dietary absorption of radioiodines will increase the number of thyroid abnormalities and thyroid cancers diagnosed within a few years of exposure. The next disease that may be identifiable as radiation-induced is leukemia throughout the population, with rates *beginning* to climb perhaps as soon as five years after the event, and continuing to climb as the population ages. Increases in the frequency of other types of cancer may go unnoticed for decades due to their long latency periods.

The conundrum facing the epidemiologist is how to determine the rates of those illnesses in the population which are radiation-induced against the pool of identical illnesses that occur naturally or from other environmental toxins. Due to normal statistical fluctuations in the frequency of these diseases over time, trends are not easily identifiable, or if they are, may require the passage of decades for meaningful elucidation. In some instances, what further complicates assessing the health consequences of a radiation accident is the sparsity of accurate data. Particularly in underdeveloped countries, illnesses may be misdiagnosed, causes of death may not be properly identified or may go unrecorded, and statistics on morbidity and mortality may not be gathered or may remain incomplete. Not to be overlooked is the politically motivated corruption of accurate data sampling. As noted in Scam Number Twenty-One, cancer registries are susceptible to fraud, or as in the case of Ukraine after Chernobyl, Soviet authorities forbade doctors from including leukemia in their diagnoses. Finally, definitive and indisputable conclusions of radiation effects on populations are a rarity among epidemiological studies. Due to political clashes between pro-

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nuclear and anti-nuclear factions, studies angering one camp are routinely challenged and refuted by researchers of the opposing camp. Controversies inevitably erupt in the wake of studies that either underestimate or overestimate the number of radiation-induced casualties. As opposing camps fight to a standoff, consensus opinion is never achieved, and the public is left in bewilderment as to what really is the truth.

Given the formidable array of forces that delay or prevent a clear-cut assessment of the public health consequences of a radiation release, how do human beings in the immediate aftermath of environmental contamination arrive at an understanding of what has taken place? What tools do they have at their disposal for rapidly interpreting the event's impact? Public anxiety demands timely information. People are not going to wait patiently for decades to see if their health has been compromised. They want immediately to know how much radiation has been liberated into the environment, in what direction it dispersed, and if they should evacuate. They want to know about the safety of their food and water supply. They want to know who was exposed, what were their dosages, and what are the risks these dosages pose for initiating radiation-induced illnesses. How are answers to these pressing questions derived?

By this time, the answer to this fundamental question is self-evident: the risk factors! These are the lenses through which the ambiguities of a radiation emergency are brought into focus. They are the instrument used to structure the perception of a radiation release in the public mind.

As the history of radiation accidents has repeatedly demonstrated, the first response of representatives of the Cult of Nuclearists to a radiation emergency is to downplay or completely discount any potential threat. By this response, they attempt to avert panic, discourage social unrest and preserve confidence in the Cult's long-term nuclear agenda. To reinforce faith in the safety of nuclear technology, interpreters of the event — most often government spokesmen, apologists for the nuclear industry and media personalities — grab public attention and offer a sanitized version of the incident. Although radiation effects are profoundly difficult to discern and may take decades to decipher, these interpreters fabricate an instantaneously clear picture of what has transpired. This concoction, to attain credibility and be above suspicion, requires grounding on accepted scientific principles. This is where the radiation protection agencies enter into the scheme. Their science is recruited to legitimize the version of reality being invented. Elevated to the status of oracle, the risk factors are employed to divine the health consequences to the contaminated population. Following the protocols published by the radiation protection agencies, researchers mathematically model the radiation release. Based on estimates of the amount

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of radiation dispersed, the radionuclides involved, their chemical forms, prevailing weather patterns, dietary habits of the population, the number of people exposed and so forth, dosages to the exposed population are *reconstructed*. On the basis of these *assigned* dosages, the potential types of illness and their frequency can be predicted based on the established risk factors. Without having to wait for decades to investigate what *actually* happened, a picture can be painted within hours or days of what supposedly will likely happen. Needless to say, the correctness of these speculations is wholly dependent on the accuracy of the assigned dosages and the fidelity of the risk factors.

The devilment lying at the heart of this elaborate charade is the authority bestowed upon the risk factors to accurately predict radiation effects. Consecrated by the high priests of the radiation protection community, the risk factors have been elevated to inviolable law. They are credited with the power of prophecy, foretelling the limits of the health consequences of released radioactivity. This point is essential to grasp. By sleight of hand, the portrait of a radiation event is painted by the risk factors. This is the image that reaches the public's awareness and shapes perception of the event. Distracted by this facsimile, the uninitiated fail to notice that the actual health toll remains undetermined or may be woefully out of sync with the whitewashed imitation.

The Cult of Nuclearists has built its castle upon the risk factors. To mollify concerns when radiation is released, the Cult of Nuclearists desperately requires an unassailable tool by which to paint a benign image of the event in the public consciousness. Groomed specifically for this purpose by the corrupted radiation protection agencies are the risk factors. These carefully crafted mathematical fictions are propaganda instruments designed to reassure a wary public that released radiation is no cause for alarm. They are the mask that disguises the plague unleashed upon the earth. The risk factors structure the perception that the guardians of radioactivity are adequately protecting the welfare of humanity. The public tolerates their mismanagement and mishandling of radioactive material based on their limited understanding of radiation effects and their trust in the accuracy of estimates of risk presented in the popular media.

This mischievous method of damage control is easily seen in the way that the radiation protection agencies are attempting to sanitize the Chernobyl catastrophe. By their approach, a dose is fabricated for a defined population, the risk factors are applied to this dose, and presto, the health toll of the accident immediately materializes out of nothing. To quote the ECRR:

UNSCEAR 1993 gives the total committed effective dose from the Chernobyl accident to the world population as 600,000 person

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Sieverts. The ICRP risk factor of 0.05/Sv would predict 30,000 fatal cancers in the world from this; as UNSCEAR 2000 points out, such an increase would be statistically invisible.

As an exercise in epistemology, it is worth analyzing the meaning of this statement. UNSCEAR is not declaring that 30,000 fatal cancers will be produced from the accident at Chernobyl. What they are saying is something entirely different. They are saying something about their models, not reality. They are declaring that, according to their premises, the cancer fatalities that emerge at the other end of their equations is 30,000. **BIG DEAL!** We could start with different premises, apply other models, and arrive at different conclusions. In this manner, Gofman predicts 970,500 fatal cancers from external exposure to the single radioisotope cesium-137 released from Chernobyl. And the ECRR, employing its own models, predicts that over the next 50 years, in Belarus alone, an excess of 1,200,000 fatal cancers will occur, and worldwide, the total will reach 6,000,000. The conflict between different researchers is over models, not reality.

So, how many fatal cancers will **REALLY** occur as a result of the Chernobyl accident? No one on the face of the Earth has a clue!

Given this indeterminacy, the previous question needs to be reformulated: Who is in possession of the most *trustworthy* models for predicting radiation effects from Chernobyl? The Cult of Nuclearists ardently strives to convince the world that it is the ICRP, NCRP, NRPB, UNSCEAR, BEIR, and so forth. These are the organizations that have been sponsored and financed by the nuclear establishment and upon whom eminence and respectability have been conferred. Their version of reality is the one designed to be accepted by all inquirers. However, as we shall see in Exhibit F, when contaminated populations are investigated epidemiologically rather than mathematically, the rate of radiation-induced illness is greater than that forecast by the risk factors. This unfortunate intrusion of reality is the Achilles heel of the whole corrupted science of radiation effects and the slayer of the false models that have been intentionally crafted to underestimate the extent of injury suffered by humanity from nuclear pollution.

The risk factors have become so enthroned as the diviners of biological effects that they are frequently called upon to testify against observable health consequences that flatly contradict their accuracy. An excellent example is reported by Busby in *Wings of Death*. In the mid-1980s, the Committee of Medical Aspects of Radiation in the Environment (COMARE) concluded that radiation was not responsible for the confirmed leukemia cluster in the vicinity of the Sellafield nuclear installation first reported by Yorkshire TV. Despite the fact that the incidence of leukemia in the area was 10 times the national aver-

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age, the committee insisted that radiation was not the causative agent. They justified their conclusion on the basis of the risk factors. Essentially, they said that given the *presumed* dosages, the observed leukemias could not possibly be radiation-induced because the risk factors did not predict them. In this instance, on the basis of the risk factors alone, radiation was absolved of the responsibility of contributing to the obvious illness in the population. The committee was forced into upholding this dubious conclusion by an embarrassing dilemma. Confronted with the leukemia cluster, they were cornered into having to entertain one of two reasonable but politically unacceptable explanations. One, the dosages to the population were greater than modelled, perhaps due to unreported ventings of radiation from the facility. To endorse this conclusion would have called into question Sellafield's operating procedures. Two, the risk factors were in error. This determination would have compromised the credibility of the radiation protection agencies. To launder a potential threat to the credibility of the Cult of Nuclearists, the committee was left with no politically correct alternative other than using the risk factors to "prove" that the leukemia cluster was not caused by radiation exposure.

This issue is far from being just an intellectual game. It has real world repercussions that impact on human health. For instance, when the radioactive plume from Chernobyl was circling the Earth, citizens in the UK and the US received no warning of possible contamination to their food supply. This cavalier attitude was justified on the basis that the assumed accumulated dosages would be too low and that the risk factors applied to these dosages predicted that no threat to health existed. Evidence later surfaced that this presumption was woefully in error. In *Deadly Deceit*, Gould and Goldman provide convincing evidence that Chernobyl fallout was responsible for increased infant mortality in the US and significant increases in the death rate of the very old and those suffering from infectious diseases whose immune systems had been previously compromised. As will be revealed in Exhibit F, indisputable evidence also exists of an increased incidence of childhood leukemia in the US and the UK from the Chernobyl fallout which has been deemed by officials to have produced dosages too low to warrant concern.

The devastation of depleted uranium on the health of veterans and enemy noncombatants is destined to expose the lies buried within the science of radiation effects. All the major defenses of DU weaponry penned to date have been based on the models upheld by the radiation protection agencies. Researchers calculate the amount of energy deposited in tissue by different quantities of internalized uranium. The derived doses are then "proven" to be of no consequence to health, an opinion based ultimately on the data from Hiroshima and the resulting risk factors developed by the radiation protection agencies. This methodology cleverly avoids one essential ingredient: It fails to include actual epidemiological studies of groups exposed to depleted uranium who subsequently developed illnesses. Here

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again, the risk factors are being used as a smokescreen to draw attention away from any possible connection between radiation exposure and real illnesses suffered by real people. This game is played to convince all inquirers that depleted uranium is harmless. Given the rules of the game, this is the inevitable and logical conclusion. But the rules are about to change. Once people awaken to the fact that the science of radiation effects has been intentionally corrupted, all conclusions as to the supposed harmlessness of low-level radiation in the environment will have to be reexamined.

“According to estimates of risk published by the radiation protection agencies, dosages to the population were too low to warrant concern!” Tirelessly, this refrain echoes around the world in the wake of every disclosed radiation release. Yes, we are told, mutagens and carcinogens have taken flight upon the winds, but no hazard exists, no one need be concerned. This carney game, played craftily for decades, is now an open book. The purpose of the Hiroshima Life Span Study is to define and delimit radiation effects in man. As this study matures, the data is continually massaged to produce conclusions acceptable to the Cult of Nuclearists. The types of illnesses observed in the Japanese study population and their frequency then become the basis for the risk factors developed by the radiation protection agencies. Studies are then sponsored by that Cult of Nuclearists designed to produce evidence that confirms the accuracy of the risk factors. Any investigators that produce results that call into question the veracity of the risk factors are vilified and marginalized; their work discredited and discounted for being outside the mainstream of “accepted” radiation science. Battle-lines form along any front that attempts to prove that more illness is produced in a population than that predicted by the risk factors. As long as the risk factors are upheld as an accurate depiction of reality, the swindle succeeds. When a new radiation event takes place, the tried and true damage control mechanism is activated. From the smorgasbord of scams rehearsed in this Exhibit, representatives of the Cult of Nuclearists pick and choose those most applicable to the situation. Artfully mixing together any number of the dosage scams, they contrive dosages for the exposed population that appear innocuous. By then applying the risk factors to these dosages, they “prove” that harm to public health was negligible or nonexistent. The hoax is artfully airtight.

A simple test should suffice to prove the truth or falsity of this allegation. **If** the Hiroshima Life Span Study is in fact honest, and **if** its findings can be applied to instances of internal contamination by radionuclides, and **if** the models of radiation effects promulgated by the radiation protection agencies faithfully mirror reality, **then** the risk factors should accurately forecast, within the limits of acceptable statistical error, the incidence of cancer in contaminated populations. If this is the case, no significant discrepancy should arise between the number of cancers predicted by the ICRP models and the actual number uncovered by epidemiological investigation. However, if the risk factors are shown to

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be inaccurate, what then? What if greater numbers of casualties are produced than those calculated by the accepted models of the radiation protection community? If evidence exists to this effect, then the whole house of cards of the Cult of Nuclearists comes tumbling down. It will prove that the risk factors, rather than being a tool in the service of truth, are being used as an instrument of deception.

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